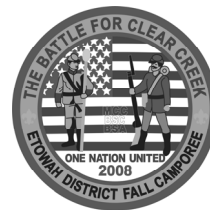


# Staff Permission Slip

## 2008 Etowah District Fall Camporee



**Trip To:** Etowah District Fall Camporee

**Location:** Belk Scout Camp - Midland, NC

**Time:** October 24<sup>th</sup> - 4:00 p.m. to October 26<sup>th</sup> - 12:00 p.m.

**Cost:** \$30.00

**Leader:** Steven M. Dark ~Camporee Chief~

**General Information:** We will need all Camporee Staff members no later than 4:30 PM Friday Oct 24. Staff is required to have their sleeping gear, day-pack, BSA Uniforms, staff hat and jacket. Mountain bikes may also be used as long as a proper helmet is being worn. All Staff are expected to be on time and make their own arrangements for transportation. Total cost of \$30.00 should be turned in with this permission slip no later than the October 19th staff meeting.

To whom it may concern:

I, the undersigned, give my son, \_\_\_\_\_, permission to attend the above outing as a staff member for the 2008 Etowah District Fall Camporee, with the understanding that hazards possibly happen and also that accidents do happen. I hereby relieve the Camporee Chief and/or any of his staff from legal liability of personal injury or accidental death for my son mentioned above. This will include all times from the time I leave my son with the Camporee Chief until the time I pick him up. Travel arrangements will be made by me. Furthermore, in case of emergency, I grant permission for the Camporee Chief or other Adult staff members to render First Aid and for qualified medical personnel to render emergency medical treatment.

My son has a unique medical problem of \_\_\_\_\_ and I will ensure that he has all proper medication with him the duration of scouting functions. My son takes the following medications \_\_\_\_\_.

My son has the following allergies \_\_\_\_\_.

Allergic to bites or stings (yes or no) explain \_\_\_\_\_.

I (we) hereby authorize the Adult Staff Leaders of the Etowah District Fall Camporee to give consent for emergency medical treatment to my son, on our behalf while participating in this scouting activity. In the event that a surgical procedure is necessary, an effort will be made to contact the undersigned within a reasonable period of time, and after consideration of the condition of my son and the concurrence of two physicians that it is necessary for the operation to be performed in order to protect my son's life or a deterioration of his condition, then the Adult Leaders of the Etowah District Fall Camporee are further authorized to consent to surgical procedures on behalf of my son.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(Date)

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Name on Policy \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_