



**Guardian Angels**  
 Boy Scouts of America  
 Troop 1094  
 Clawson, MI 48017



Parent Consent Form  
**Wildgame / Orienteering / Camp Kiwanis**  
 Friday, April 04, 2008 – Sunday, April 06, 2008

By signing below, Scout \_\_\_\_\_ has permission to attend the Wildgame / Orienteering Campout from Friday, April 4<sup>th</sup> - Sunday, April 6<sup>th</sup>. We will meet in the Parking Lot at Guardian Angels School (GA) at 6:00 PM (leaving by 6:15 PM). We will return to K of C around 12:00 PM. I give permission for my scout to take part in this activity. Scouts should bring their compass, knife, and scout book. Also, wild Tyson chicken will be served.

**\*\*\*\*\* Note: Scouts MUST wear their Class A – Shirts while in vehicles and church. \*\*\*\*\***

Mr. Cox	(248) 840-4550	<b>Camp Kiwanis</b>
Mr. Trastevere	(313) 378-0586	676 W Dansville Road
		Mason, Michigan 48854
		(517) 676-6101

**Directions:** Take I-696 to I-96 west to Exit #122. Take M52 south to Dansville Rd (M36). Turn right (west) for 9.2 miles. Camp road is on the right going up a hillside. If you cross Diamond Rd, you missed the entrance.

-----**DETACH HERE AND RETURN LOWER PORTION TO SCOUT LEADER**-----  
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Scout Name: \_\_\_\_\_

Any condition requiring regular medication?  No  Yes (attach Parent - Medication Control Permission Form)  
 Any restriction due to medical condition? Explain: \_\_\_\_\_

Have or subject to: (check if yes)

Asthma       Fainting Spells       Convulsions       Allergy       Sport Restrictions  
 Diabetes       Heart Trouble       Nose Bleeds       Reactions       Swim Restrictions

Have difficulty with: (check if yes)

Eyes, ears, nose, throat       Digestion       Lungs       Measles       Bedwetting  
 Sleepwalking       Mumps       Diphtheria       Whooping Cough       Chicken Pox

**\*\*\* IT IS REQUIRED THAT EACH SCOUT HAVE A MEDICAL FORM ON FILE \*\*\***

This health history on the BSA Medical Forms is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed activities, except noted by me and the physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

If traveling by a private car, a seat belt will be made available for each boy; its proper use is MANDATORY. Inability to comply with this rule will be cause for dismissal from this event. In consideration of the benefits derived, we expressly waive all claims against the Troop, Local Council or their representatives, on the account of any accident, injury, illness or other damage that may occur in connection with, or incident to, this trip and activity.

Parent Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent or Guardian)

Insurance Information \_\_\_\_\_