



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



Parent Consent Form
Klondike / D-Bar-A
 Friday, February 27, 2009 – Sunday, March 1, 2009

By signing below, Scout _____ has permission to attend the Klondike Campout at D-A from Friday, February 27, 2009 – Sunday, March 1, 2009. We will meet in the GA Parking Lot on Friday at 5:30 PM and leave by 6:00 PM (**or sooner**). We will return to the GA Parking Lot (near trailer) on Sunday around 11:00 AM.

***** Class A shirt is required for the trips. *****

Leaders	Contact	D-Bar-A
Mr. Micu	(586) 899-6498	Site: James West (cabin) / Pines (Klondike)
Mr. Richard	(248) 635-4414	880 E. Sutton Road
		Metamora, Michigan, 48610
		Phone: (810) 678-2130

-----DETACH HERE AND RETURN LOWER PORTION TO SCOUT LEADER-----

Klondike / D-Bar-A
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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:

***** 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 _____

Alternate Contacts –

Name: _____ Relationship: _____ Phone: (_____) _____ - _____

Name: _____ Relationship: _____ Phone: (_____) _____ - _____