



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



Parent Consent Form
Wild-game Cookout / Camp Rotary
 Friday, March 19, 2010 – Sunday, March 21, 2010

By signing below, Scout _____ has permission to attend the Wild-game Cookout at Camp Rotary from Friday, March 19, 2009 – Sunday, March 21, 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 **Knights of Columbus Parking Lot** (14 ½ - Elmwood and Main) in Clawson around noon on Sunday. **The Scouts will call their parents when we are 1 hr out (Clio).** (Note – it is a 2 ½ hr trip / 152 miles. Depends on how fast we clean the cabin.)

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

Leaders	Contact	Camp Rotary
Mr. Cox	(248) 840-4550	Cabin: Pike's Lodge
Mr. Micu	(586) 899-6498	3201 S. Clare Ave.
Mr. Trastevere	(313) 549-5068	Clare, MI 48617
Mr. Pippin	(586) 668-0590	Phone: (989) 386-7943

-----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: _____

*** 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: (_____) _____ - _____