



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



Parent Consent Form  
**Hiking / Canoe Trip – Kensington Metropark**  
 Friday, May 21, 2010 - Sunday, May 23, 2010

By signing below, Scout \_\_\_\_\_ has permission to attend the Hiking / Canoe Trip at Kensington Metropark from Friday, May 21, 2010 - Sunday, May 23, 2010. We will meet in the **GA Church Parking Lot** on Friday at 5:30 PM and leave by 6:00 PM (**or sooner**). We will return to the **Knights of Columbus (KofC) Lot** in Clawson around 11:30 am on Sunday. Personal Floatation Devices are mandatory. Any Scout disregarding this policy will be sent home from the camping trip.

***The Scouts will call their parents when we leave Kensington(30 min).***  
 \*\*\* Class A shirt is required for the trips. \*\*\*  
 \*\*\* PFDs are REQUIRED for ALL Scouts and Adults \*\*\*

<b>Leaders</b>	<b>Contact</b>	<b>Kensington Metro Parks</b>
Mr. Cox	(248) 840-4550	Campsite: Group Campsites
Mr. Micu	(586) 899-6498	2240 West Buno Road
Mr. Pippin	(586) 668-0590	Milford, MI 48380
		Phone: (248) 684-1561

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

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 Friday, May 21, 2010 - Sunday, May 23, 2010

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 \*\*\***  
**\*\*\* PFDs are REQUIRED for ALL Scouts and Adults \*\*\***

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