



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



Parent Consent Form
Campout / Activity

By signing below, Scout _____ has permission to attend the Campout or Activity from _____ through _____.

We will leaving from _____ on _____ at _____ (AM / PM).

We will return to _____ around _____ (AM / PM).

There is a \$ _____ fee for this event.

***** Class A shirt is required for the trips and church. *****
Please EAT Supper BEFORE-HAND
REMEMBER TO BRING YOUR KNIFE AND CARDS

X if yes	Check-in Info
	Permission Slip Ok'd
	Fees
	Meds and Form

Attending	Emergency Contacts	
	Mr. Cox	(248) 840-4550
	Mr. Maskill	(248) 227-8532
	Mr. Trastevere	(313) 378-0586

Parent Consent Form
Campout / Activity

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 _____