



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



Parent Consent Form  
**Summer Camp 2008 / CCB**  
 July 27, 2008 – August 2, 2008

By signing below, Scout \_\_\_\_\_ has permission to attend Summer Camp at CCB / Cole Canoe Base in Alger (Skidway Lake), MI from Sunday, July 27, 2008 through Saturday, August 2, 2008. We will meet in the GA Parking Lot on Sunday at 8:30 AM and leave by 9:30 AM (or sooner). We will return to GA on Saturday around Noon. I give permission for my scout to take part in all the physical activities. Each scout swimming, hiking, climbing and other events.

**\*\*\* Class A shirt is required for the trips and flag ceremonies. \*\*\***

Mr. Cox (248) 840-4550  
 Mr. Trastevere (313) 549-5068  
 Mr. Micu (586) 899-6491  
 Mr. Richards (248) 635-4414

**Cole Canoe Base (CCB)**  
 Site: Maple Highlands / Maple Flats  
 1356 E Greenwood Rd  
 Alger, MI, 48610  
 Phone: (989) 836-2270

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