



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



Parent Consent Form
Summer Camp / Camp Rotary
 Sunday, July 18, 2010 – Saturday, July 24, 2010

By signing below, Scout _____ has permission to attend the Summer Camp at Camp Rotary from Sunday, July 18, 2009 – Saturday, July 24, 2009. Parents approve of the Troop Policies mentioned. We will meet in the **GA Parking Lot** on Sunday 8:00 AM and leave by 8:30 AM (**or sooner**). We will return to the **GA Parking Lot** around 4:00 PM on Saturday. **A call will be placed to parents when we leave camp and when we are 1 hr out (Clio, MI).**

***** Class A shirt is required for the trips. *****
***** NO CELL PHONE USAGE BY SCOUTS – Except emergency or Leader approved *****

Leaders	Contact	Camp Rotary
Mr. Micu	(586) 899-6498	Site: Curtis
Mr. Trastevere	(313) 549-5068	3201 Clare Avenue
Mr. Pippin	(586) 668-0590	Clare, MI 48617
Mr. Maskill	(248) 227-8532	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.

While at Summer Camp, if Scout is goes biking or horseback riding, they will be required to wear a helmet. If the Scout is involved in any behavior or activity of which the Summer Camp requests removal, the Scout's parent(s) or guardian(s) will need to provide transportation.

By National Policy, Scouts should not have cell phones while camping. Our Troop Summer Camp Policy is that ALL Scout Cell Phones will be collected upon arrival at Summer Camp and returned upon departure. If a Scout needs to use their cell phone during the week, a Leader will allow the usage in a designated site and time.

All Parents and Scouts have read the Woodland Trails Leaders Guide and Policies. All camp policies will be followed and all Scouts will act according to the Scout Oath and Law. By signing below, parents give permission for their Scout to attend the Summer Camp and agree with and approve of the Troop Policies mentioned above.

Parent Name: _____ Phone: (_____) _____ - _____.

Signature: _____ Date: _____

(Parent or Guardian)

Insurance Information _____

Alternate Contacts –

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

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