

# TROOP 671 PARENT / GUARDIAN PERMISSION SLIP

[troop671.ocbsa.org](http://troop671.ocbsa.org) on the Internet

**EVENT: USS Midway Live It and Learn It Overnight**  
**DATES:** from **Friday July 13, 2007** till **Saturday, July 14,, 2007**

**COST: \$85 per scout / adult**  
**TURNED IN BY: 7/2/2007**

**LOCATION: USS Midway (Navy Pier)**  
910 North Harbor Drive  
San Diego, CA 92101  
**(619) 398-8247**

**CLOSEST HOSPITAL:**  
**UCSD Medical Center**  
200 West Arbor Drive  
San Diego, CA 92103  
**(619) 543-6222**

**MEET AT: Saint Hedwig ON: Fri. 7/13/07 AT: 1:00 PM** (need to be at Navy Pier by 4:45pm)

**RETURN TO: Saint Hedwig ON: Sat. 7/14/07 AT ABOUT: 6:00 PM**  
SCOUTMASTER / ADULT LEADER: **Greg Shoop / Mike Orland**  
EMERGENCY CONTACT: **Mary Ellen Kane: 562-430-1309 or 714-264-1756**

PLEASE RETAIN TOP FOR YOUR RECORDS

**MY SON** \_\_\_\_\_

**FROM: Fri. 7/13/07 2:00 pm TO: Sat. 7/14/07 6:00 pm**

**LOCATION: USS Midway**

I am **ABLE / UNABLE** to participate for the **ENTIRE EVENT / FOLLOWING DAYS:** \_\_\_\_\_

I request that my son, \_\_\_\_\_, be permitted to go with Troop 671 on an outing/trip to **USS Midway Live It and Learn It Overnight** on 7/13/07 thru 7/14/07. He is in good physical condition. Should any illness or accident resulting in injury occur to him the outing/trip, **I WILL NOT** hold liable the Boy Scouts of America, the Orange County Council or Troop 671, it's officers or leaders, for medical aid rendered and will reimburse the Orange County Council, BSA or Troop 671 for all medical or other expenses incurred in behalf of my son.

My son may receive necessary first aid. He may receive medical attention by a duly licensed physician or other authorized emergency medical technician. He may be admitted to a hospital in case of an emergency. This authorization is given in pursuant to section 25.8 of the civil code of the state of California and remains effective only for the events and dates listed above. In the event of an emergency every effort will be made to contact the parents or legal guardian.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ **Tel#** \_\_\_\_\_ **Relationship** \_\_\_\_\_

## **MEDICAL / HOSPITALIZATION INSURANCE INFORMATION**

List of Medicines and attached directions for use: \_\_\_\_\_

List of Medicines my son is allergic to: \_\_\_\_\_

List of items my son is allergic to (bee stings, cats, dogs, hayfever, any foods, rashes): \_\_\_\_\_

Special instructions, conditions, etc: \_\_\_\_\_

**Name of Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Group No:** \_\_\_\_\_ **Name of Insured:** \_\_\_\_\_

**Insured Employer Info:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**My Son Physicians Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_