

Pack 773 Permission Slip

Note to Parents: Please keep this side for your information. Fill out and return the right side to your scout leader.

Pack 773 is having an outing.

What: _____

Where: _____

When: _____

We will meet at

_____ at _____

and will return to:

_____ at _____

Please bring:

Eat breakfast at the house before you leave.

Other notes:

See handouts for suggested camping gear and info

Pack 773 Permission Slip

My son, _____, has my permission to attend an
outing with Pack 773 on _____

I understand he will be going to _____

I understand they will

meet at: _____ at _____

& return to: _____ at _____

In case of emergency I can be reached at _____.

If I cannot be reached please contact _____ at _____.

Signed _____ Date _____

Scout's full name _____ Phone _____

Scout's address _____

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AUTHORIZATION AND CONSENT TO TREAT A MINOR

Pursuant to California Civil Code Section 25.8

The undersigned do hereby authorize Leaders of Pack 773 or such substitute as he/she/they may designate as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, whether it be rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere.

This authorization will remain effective while the above minor is enroute to or from or involved or participating in any Boy Scout program or activity of the Los Angeles Council, Inc., Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date _____ Signature _____

Medical Insurer: _____ Member ID: _____