

Permission Form
BSA Camp Parsons
Troop 24 Summer Camp

_____ has my permission to participate in summer camp at BSA Camp Parsons, Brinnon, Washington, departing from Portland, Oregon, on Sunday, July 2, 2006, and arriving back in Portland on Saturday, July 8, 2006.

I know of no health or fitness restriction(s) that preclude participation. In the event of illness or injury occurring to my son while involved in this activity, I consent to X-ray examination anesthesia, medical, or surgical diagnostic procedures or treatment that is considered necessary in the best judgment of the attending physician, selected by the adult leader or medical staff at the camp, and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. (It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.)

Signature _____ Date _____

Additional information:

Known Allergies _____

Medications _____

Phone numbers where I can be reached during the time of this activity:

Home (____) _____ or Work (____) _____

Other Emergency Contact:

Name _____ Relation _____

Phone (____) _____