TROOP 1097 ACTIVITY PERMISSION SLIP

I hereby give my son,	, permission to participate in the Fall
Backpacking Camp-out on Nov 4-6. We will depart Campers should eat dinner on their own prior to depart Sunday at approximately 3:00pm.	
In case of emergency, I can be reached by phone at	Of
If I cannot be reached, please contact	at
I understand that I am responsible for my child's insurat	nce in case of injury.
The insurance company name is	, Policy or ID #:
The phone number for my insurance is	
\Box I have listed possible health concerns on the bac	ck of this permission slip.
\square My son's health form on file with the troop is cu	nrrent.
PARENT SIGNATURE	DATE
SCOUT AGREEMENT : I agree to abide by the Boy and Law, Scout Motto and Slogan, as well as the Outdoo behavior does not reflect the above Code of Conduct I	or Code (see p.9 of Scout Handbook). If my understand I may be sent home from this and other

Troop activities at the discretion of the Scoutmaster or designated leader. I agree to participate in a full and constructive manner in this troop activity.

SCOUT SIGNATURE	DATE	
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PARENTS: I agree to help my son understand and live by the Code of Conduct as stated above, and if his failure to abide by this agreement results in his being sent home I agree to come get my son at the request of the Scoutmaster or designated leader.

PARENT SIGNATURE _____ DATE _____