

Rutland Pack 141

Pack Freeze Out Permission Form

Location: Treasure Valley, West Camp

Dates: Saturday, January 21, 2012 to Sunday, January 22, 2012

Time: We will meet at 10:00 a.m. on Saturday, January 21nd

_____ has my permission to camp overnight at Treasure Valley.
Scout Name

During this camping trip, the following adult is responsible for my son:

Myself (print name): _____

Or (Alternate adult may be designated-Grades 4&5 only-Check for specifics)

Designated Adult (print name): _____

Signature of Designated Adult: _____

In the event of an emergency, I can be reached at (_____)_____ - _____.

In the event I cannot be reached, you can contact: _____

at (_____)_____ - _____.

In the event that no one can be reached, the leaders have my permission to obtain emergency medical treatment for my son.

Signature of Parent/Legal Guardian

Date

***** NUT FREE EVENT *****

(No peanuts/tree nuts and related products will be served at this camping event)

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