

BOY SCOUT/VENTURER PARENT PERMISSION SLIP

DUTCH OVEN & MOVIE NIGHT

WE WILL MEET Saturday, March 14th at 2:00 p.m. at the Scout Hut

WE WILL RETURN Saturday, March 14th approximately at 7:30 p.m.

THE COST IS \$5.00 for pizza

LEADER(S) IN CHARGE Richard Farber (323) 313-3847

EMERGENCY CONTACT same number as above

- Wear Class B shirt and Troop hat

CUT OFF AND RETURN BOTTOM PORTION with payment

Amount paid \$ _____
Method: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Account
Date _____ Initial _____

MY SCOUT _____ HAS MY PERMISSION TO ATTEND

Dutch Oven & Movie Night – Saturday, March 14th

I UNDERSTAND THE COST IS \$5.00 for pizza

IF IT IS NECESSARY FOR A PHYSICIAN TO ATTEND MY SCOUT, THEY MAY HAVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE.

PARENT SIGNATURE _____

PRINT NAME _____ PHONE () _____

EMERGENCY CONTACT _____ PHONE () _____

ALLERGIES _____

*If your scout has a serious allergy, they must carry an epinephrine pen and inform the leaders they have it.

*If your scout is a diabetic, they must let the leaders know and carry emergency insulin with them.

*If your scout is asthmatic, they must carry an inhaler and let the leaders know.