

**Troop 78 Permission Slip**  
**June 11<sup>th</sup> and 12<sup>th</sup>**  
**St Anthony's Feast**  
**Volunteers Needed - Community Service Hours**

Saturday, June 11th	<b>12 pm – 2 pm - Set up</b>
Saturday, June 11 <sup>th</sup>	<b>6 pm – 9 pm - Clean up (Saturday)</b>
Sunday, June 12 <sup>th</sup>	<b>2:30 pm – 6 pm (working during fair)</b>
Location:	<b>St. Anthony's, Nanuet, NY</b>

**Circle Dates You Are Attending Above**

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for my son to participate in the above-mentioned outing with Troop 78. I give permission to the leaders of the above unit, to render first aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and it's leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_, or \_\_\_\_\_.  
 If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_.

***Cell Phones are not allowed on trips and we ask that you leave them at home. Adult Leaders will have their cell phone with them and can provide their number for your use.***

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent or Guardian)**

*Please check here if you child's medications have changed since the previous physical, or if he is on any temporary medications. This includes prescription and "Over the Counter" medications.*

*Please list them below or on the back of this form.*

*All medications must be sent in the original bottles with dosing information.*