



Troop 479 Permission Slip

Mustang Camporee @ Camp Stearns

When: Friday, Oct. 12th 6:30pm Returning Sunday, Oct. 14th

Patrol Organizers: Panthers

The camporee theme is MythBusters and throughout the weekend we will discover the science behind common scouting skills and activities. There will be competitions, stations, and a camporee-wide campfire on Saturday night.

You need to complete **all three pages** of this permission form.

Webelos scouts will be assigned to patrols for Saturday lunch, Saturday dinner, and Sunday breakfast. Your menu and food requirements will need to be increased for these guests. The cost of these meals will be covered by the troop.

SCOUT _____ has my permission to attend the Troop 479 Mustang Camporee @ Camp Stearns October 12-14.

My son will be picked up at Cedar Ridge School around 12:00pm by:

Name: _____ **phone:** _____

Payment:

Take \$20.00 from the scout's account.

Parent _____ will drive and provide _____ seatbelted passengers.

Signed: _____ Parent/Guardian, date _____.

Patrol Leaders will collect permission slips for their patrol and turn them in. The permission slips need to be turned in no later than the Monday before the trip.

Scouts will pre-pay for food on outings. The permission slip cost includes \$10 for food. The scout buying the food knows how many are going and now has a budget. He turns in his receipt to the treasurer for reimbursement instead of tracking down each scout. If a scout signs up and then doesn't show up, he is out the money spent on food.

Mustang District
2007 Fall Camporee Permission Form
For Participation in Activities

To be turned in with Unit Roster at the Camporee

Scout's Name: _____

I, _____, parent or legal guardian of the above-named Scout, grant my consent to Mustang District, Northern Star Council, the Boy Scouts of America and their representatives to allow my child to participate in the following activities (check all activities in which Scout has permission to participate):

- _____ Archery Range
- _____ Rifle Range
- _____ Shotgun Range
- _____ Climbing

Parent Signature _____ Date _____

MUSTANG DISTRICT 2007 FALL CAMPOREE

SCOUT AND ADULT HEALTH FORM

To be turned in with Unit Roster at the Camporee
Please PRINT in ink.

General Information

Name _____ Date of Birth _____ Age _____ Sex _____
Name of parent or guardian _____ Phone _____
Home address _____ City _____
State _____ Zip Code _____ Work Phone _____

Emergency Contact Information

If person named above is not available, in the event of an emergency, notify:

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____
Name of personal physician _____ Phone _____
Personal health/accident insurance carrier _____ Policy # _____

Health History

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes [] No [] Explain _____

GENERAL INFORMATION:	Yes	No	Yes	No	Yes	No
Asthma	[]	[]	Diabetes	[] []	High blood pressure	[] []
Cancer/leukemia	[]	[]	Heart trouble	[] []	Kidney disease	[] []
Convulsions/seizures	[]	[]	Hemophilia	[] []		

Explain _____
List any medications to be taken at camp _____

List any physical or behavioral conditions that may affect or limit full participation in physical activities _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc _____

Immunizations: (give date of last inoculation)

Tetanus toxoid _____ Measles _____ Polio _____
Diphtheria _____ Mumps _____
Pertussis _____ Rubella _____

I give my permission for full participation in BSA programs, subject to limitations noted herein. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as judgment of medical personnel dictates.

In case of emergency, I understand every effort will be made to contact me (if an adult my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult).

Date _____ Signature of parent/guardian or adult _____

Name

Unit

Camp Dates