

TROOP 130
LETCHWORTH STATE PARK RAFT TRIP
MAY 16TH-18TH, 2008

To the Leaders of Boy Scout Troop 130:

I give my general permission to the leaders of Boy Scout Troop 130 to secure medical treatment for my son: _____ in the event of injury he may sustain on any scout function including meetings, campouts, or any other scout activity.

I can be contacted at telephone # _____ Alt. Telephone # _____

List any medications your son will be taking for this event.

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

List any known allergies to medications, insect bites, or other allergies.

Medical Insurance Carrier Name: _____

Contact # _____

Signed: _____ (Parent or Guardian)

I can drive ____ boys and gear to camp from MOS on MAY 16, 2008 AT 5:00PM

I can drive ____ boys and gear from camp to home on MAY 18, 2008 at 10:00AM.