

# TROOP 101 PERMISSION SLIP

I hereby give permission for my son \_\_\_\_\_ (First & Last Name) to take part in: Hill Country State Natural Area With Boy Scout Troop 101.

I understand that this event will be located at: Bandera, TEXAS.

My son has the following Medical &/or Physical conditions and must take the following medications:(IF NONE, STATE SO):

The Troop will depart from: Dripping Springs United Methodist Church Parking Lot

Date: SATURDAY OCTOBER 30, 2004

Be There at: 6:30 AM

The Troop will return to: Dripping Springs United Methodist Church Parking Lot

Date : SUNDAY OCTOBER 31, 2004

Time: APPROXIMATELY 3:00 PM

I give permission to the leaders of this trip to render First Aid and/or obtain Emergency Medical Treatment for my son should the need arise. I also give permission to the Physician, selected by the adult leader of this trip, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. By my signature below, I authorize participation of my son on this trip and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America, Capital Area Council, Troop 101 and Dripping Springs United Methodist Church.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

PRINTED NAME

Phone Number(s) where you can be reached during activity (required):

\_\_\_\_\_

Or

If I cannot be reached, please contact \_\_\_\_\_ at

(RELATIONSHIP) \_\_\_\_\_

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RETURN TOP SECTION TO TRIP COORDINATOR (KEEP THIS BOTTOM SECTION FOR YOUR RECORDS)

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EVENT: BACKPACKING AT HILL COUNTRY STATE NATURAL AREA

LOCATION: BANDERA, TEXAS

DEPART FROM: Dripping Springs United Methodist Church Parking Lot

DATE: SATURDAY OCTOBER 30, 2004

BE THERE AT: 6:30 AM

RETURN TO: Dripping Springs United Methodist Church Parking Lot

DATE: SUNDAY OCTOBER 31, 2004

TIME: APPROXIMATELY 3:00 PM