

VENTURE CREW 577 – Parent Consent Form

This form must be returned no later than: 3/31/10 – no exceptions

Trip contact person: Frank Freyvogel Phone#: 221-7097

Destination: SCUBA DEMO- EISENHOWER POOL Dates: April 20, 2010

Departure From: Newbridge Parking Lot Time 6:30 pm

Place of Return: Newbridge Parking lot Est. Time: 10:15 PM

COST: \$25.00 Per youth: _____ Per Adult: _____

Special note: **If you are not able to attend meeting on 31st, please make other arrangements to get me the paperwork & money**

(Tear off top and keep for your information)

TRIP TO: EISENHOWER POOL – SCUBA DEMO

My son/daughter _____ has my permission to go on the trip indicated above with Crew 577. The undersigned parent/guardian hereby consents to emergency care and treatment to be given to the above named Scout in the event he/she shall become ill, injured or be involved in an accident. The necessity for such care and/or treatment shall be left to the medical discretion of the attending physician. The undersigned parent/guardian also agrees to hold harmless of any indemnity, registered adults of Crew 577 and any other non-registered adults in attendance at the above indicated trip knowing that all necessary precautions for the safety and welfare of the scouts has been taken.

IN CASE OF EMERGENCY:

PLEASE NOTIFY _____

HOME PHONE # _____ CELL # _____

OTHER #: _____

Venture Crew 577 **must be made aware** of any special medical attention your child needs for conditions, such as, but not limited to allergies, asthma, diabetes, epilepsy, heart condition, etc. The Scoutmaster/Crew Advisor or other trip leader reserves the right, in instances of special medical conditions, to require parental attendance on the trip as a condition of the scout's participation. Trip leadership reserves the right, as well, to disallow participation on the trip by any scout in the event the parent/guardian of such youth is requested and does not attend.

Need shoe size _____ & shirt size _____

SPECIAL MEDICAL INSTRUCTIONS AND/OR REQUESTS:

MEDICAL INSURANCE COMPANY: _____

MEDICAL INSURANCE POLICY NO: _____

Number attending: Youths _____ Adults _____

I can drive: YES or NO (CIRCLE ONE) Both ways: _____ Going _____ Returning _____

I can take: Youths _____ Adult _____ Packs/luggage _____

Parents/Guardian signature _____

A fully completed form is required for all youths even if parent/guardian is in attendance.