

# Troop 100, Boy Scouts of America Westborough, Massachusetts

## Split Rock *(Ashburnham, MA)*

***This form plus \$10.00 for food, must be presented to your  
Patrol Leader on Friday, Sept 24<sup>th</sup>, 2010.***

### Authorization

I, the undersigned, as parent or legal guardian of \_\_\_\_\_ hereby permit my son to participate in a trip to Split Rock from Friday, September 24<sup>th</sup> to Sunday September 26<sup>th</sup> 2010. The troop will depart from the Forbes Community House on Friday September 24<sup>th</sup>, 2010. The troop will fall in at 6:15 and leave shortly thereafter.

I also authorize the available adult leadership to make any decisions concerning the safety and well-being of my son; and to perform and/or authorize medical personnel to perform any medical treatment on my son which may be necessary due to an accident or emergency which may occur in the event of an emergency, or if I cannot be contacted as indicated below.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(parent or guardian)*

Telephone numbers at which I may be reached in the event of an emergency.

Phone 1: ( \_\_\_\_\_ ) \_\_\_\_\_ Phone 2: ( \_\_\_\_\_ ) \_\_\_\_\_

Check all that Apply:

- Parent will be able to attend the trip.
- Parent will drive on Friday.
- Parent will drive on Sunday.

My vehicle can carry \_\_\_\_\_ scouts. This number includes my son.

Please note: The Troop considers you a driver if the information above is checked. You will receive a call if your services will not be needed. Thank you for your assistance in providing transportation and adult leadership on trips.

- I have included important medical information on the reverse side of this form.