Scout Name	Adult Attending_				
	Total Number of Se				
Troop 23 Parental Permission Slip					
	Camping at		•		
	Mon/Day(s)/Year				
	n for my minor child to				
	t at Dormont Element				 n to
	ry School on				
	,	Please arriv	/e on time.		
the parent provide and behalf should the pare provide transportation activity, I may be reach		the same addr if you have mad ease indicate the	ess) who is authorized de arrangements to he aname and phone nu	ed by the parent to ave a <u>person othe</u> umber of such pers	act on his/her r than yourself on. During the
name	C	eli Phone			
ALTERNATE CONT	ACT				
If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:					
Name					
Phone	Re	lation to partic	cipant		
Additional Remarks					
HEALTH CONSIDERA	TIONS				
TIEAETH GONOIDENA	1110110				
PLEASE list any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition. You may also include the name of the hospital or doctor of your choice and their phone numbers on the back of this form.					
Health Condition:		Restricti	ons		
Allergy:		Treatme	ent:		
Medication:					
	Given to Adult Leader _ to administer as directe		O	Child has medic and will self me	
Permission Notice: B and authorized to gran	y signing this form, I decla t such permission.	are that I am the	legal parent/guardia	n of the minor child	l listed above
(Parent's Signature)				(Date)	
	or \$5 (backpacking) (circle o			-	
Mr. Kelly was told to take	money for trip from ISA befo	ore handing in thi	s form		
Payment is included with	this form;\$				