

**ACTIVITY PERMISSION FORM
BSA TROOP 127**

ACTIVITY: Summer Camp 2007
ACTIVITY LOCATION: Camp Tom Hale, Oklahoma
DATES/TIMES: Meet at Storage Facility: 6:00 A.M. on July 15, 2007 (SUNDAY)
Return to Storage Facility: 6:00 P.M. on July 21, 2007 (SATURDAY)
ADULT LEADER: Tali Ploetz 817-938-1760
ACTIVITY FEE: \$180 (Youth), \$115 (Adult)

RETURN FORM BY MONDAY, June 25, 2007.

PARTICIPANT NAME: _____

PERSONS TO CONTACT IN AN EMERGENCY:

NAME: _____ Home Phone # (____) _____ Cell # (____) _____

NAME: _____ Home Phone # (____) _____ Cell # (____) _____

PARTICIPANT IS ALLERGIC TO THE FOLLOWING DRUGS/SUBSTANCES:

MEDICAL INSURANCE UPDATE (if different from medical form on file):

Company: _____

Policy/Group # _____

Name of insured: _____

ID # _____

ADDITIONAL NOTES OR COMMENTS:

I hereby consent for the above Participant to participate in the above activity. The Participant has provided to Troop 127 a Personal Health and Medical Record Form required by the current policies of the Boy Scouts of America and that form is current and accurate except as shown above. Except as noted above, I consent to allowing adult leaders to administer non-prescription medications to the Participant from the Troop 127 first aid kit such as antibiotic cream, hydrocortisone cream (for allergic rashes), hydrocortisone inhaler (for asthmatic emergency), glucose tablets (for diabetic need), ibuprofen, acetaminophen, antihistamines (for allergic reaction to insect bites, etc.), antacid, and antidiarrheal. In the event of a medical or disciplinary problem, I understand that I may be required to furnish transportation for the Participant from the activity location back to Arlington.

Date: _____

Signature of Participant **or** parent/guardian if Participant is a minor

Parents: Detach here and retain lower part for your records.

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ADULT LEADER: Tali Ploetz
TELEPHONE # (817) 557-8051 (Home), (817) 938-1760 (Cell)