

**Boy Scouts of America
Orange County Council
Parents' Permission Form**

Unit: 871 is Planning: Summer Camp 2011
Date of Activity: Sunday, July 10, 2011 through Saturday, July 16, 2011
Activity Location: Camp Fiesta Island, San Diego
Unit will need to meet at: Las Lomas Elementary School Time: 10:00 a.m.
Unit will need to be picked up at: Las Lomas Elementary School Time: 1:00 p.m.
Unit Leader or Tour Leader: Matthew Halsig & Roberta Villaescusa
Mode of Transportation: Car Pool with Unit Leaders & Volunteer Parents

For parents or guardians, in case of an emergency or delay, call:

Name: Matthew Halsig Phone: 714-719-0948
Alternate: Roberta Villaescusa Phone: 714-719-0192

Special instructions or equipment required:

Wear Class "A" Uniform with Class "B" shirt underneath for travel. Bring hydration pack with 10 essentials and all gear needed for a week long camp out. Don't forget SUN BLOCK!! See summer camp packet for list of suggested items to bring.

PLEASE KEEP THE ABOVE INFORMATION. SIGN & RETURN THE FORM BELOW.



PARENTS' PERMISSION FORM

I request that my son/daughter, _____, be permitted to go with unit # 871 on an outing/trip to Camp Fiesta Island on (date) 07/10/11 – 07/16/11. He/She is in good physical condition. Should any illness or accident occur to him/her on the outing, I **will not** hold liable the Boy Scouts of America, the Orange County Council or Unit # 871, its officers or leaders, for medical aid rendered and will reimburse the Orange County Council, BSA or Unit # 871 for all medical or other expenses incurred in behalf of my son/daughter.

My son/daughter may receive necessary first aid. He/She may receive medical attention by a duly licensed physician. He/She may be admitted to a hospital in case of an emergency. This authorization is given pursuant to section 25.8 of the civil code of this state of California and remains effective only for the event and dates listed above. Parents will be contacted immediately, if possible.

Is he/she presently taking medication: Yes or No, What: _____

Any restrictions on activities: _____

Emergency Contact – Name: _____ Phone: _____

Relationship: _____

Parent/Guardian Signature: _____

Date: _____ Phone: _____