



## Shootin' Thangs Event Reminder

Date: April 1st - 3rd, 2011

Location: Wicen Farm, 3179 Mozart Road, Furlong, PA

Time/Place of Departure: St. Mary's, 6:00 PM, Friday, April 1<sup>st</sup>

Time/Place of Return: St. Mary's, 11:00 AM, Sunday, March 3<sup>rd</sup>

Contact Information: Matt Gould (cell) 215-589-5912

Mike Fusco (cell) 267-614-3003

Post this Portion

Return this Portion

## Shootin' Thangs PERMISSION SLIP



Date: April 1st - 3rd, 2011

Location: Wicen Farm, 3179 Mozart Road, Furlong, PA

Time/Place of Departure: St. Mary's, 6:00 PM, Friday, April 1<sup>st</sup>

Time/Place of Return: St. Mary's, 11:00 AM, Sunday, April 3<sup>rd</sup>

Contact Information: Matt Gould (cell) 215-589-5912

Mike Fusco (cell) 267-614-3003

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for him/her to participate in an outing with Troop 52.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Medications; \_\_\_\_\_

When to administer; \_\_\_\_\_

In case of emergency, I can be reached by phone at \_\_\_\_\_

or \_\_\_\_\_. If I cannot be reached, please contact

\_\_\_\_\_ at \_\_\_\_\_.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)