

**Troop 219  
Cooking Campout  
March 4 – 6, 2005**

PERMISSION SLIP & HEALTH FORM  
*(return with \$25 payment by Monday, February 28, 2005)*

**REGISTRATION:** Adult or Scout's Name: \_\_\_\_\_

**Method of Payment:**  Troop Account \_\_\_\_\_  
 Check (# and amt) \_\_\_\_\_  
 Cash \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the Troop 219  
 \_\_\_\_\_ (name)  
 Cooking Campout at Tall Pine Council Camp Holaka in Lapeer.

**Scouts should be dropped off at Kmart parking lot by 6:00PM on Friday, March 4th having already eaten dinner; and picked up at this location at approximately 11:00AM on Sunday March 6th.**

*In case of emergency, notify:*

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>			
<b>Primary Phone:</b>	( )	<b>Alternate Phone:</b>	( )
<b>Physician Name:</b>		<b>Physician Phone:</b>	( )
<b>Health Insurance Company:</b>		<b>Policy Number:</b>	

- This scout takes no medications and has no known allergies.**  
 **This scout takes medication or has allergies as follows:** *(Attach additional pages if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The health information contained herein is correct so far as I know and the person herein described has permission to engage in all prescribed activities, except as noted above. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by a designated representative of Troop 219, Boy Scouts of America to authorize emergency medical or surgical treatment, routine non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my child. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

<b>Parent/Guardian Signature</b>		<b>Parent/Guardian Signature</b>	
<b>X</b>		<b>X</b>	
Print Name	Date	Print Name	Date