As the parent or legal guardian of	
I hereby give my permission for this child to particle following adult's	
·	
Location	
Departure Date: <u>07/10/14</u>	
Return Date: <u>07/13/2014</u>	
Activity: Adventure Camp at Camp Sidney Dew	
I give permission to the above leaders of	unit to render First Aid, should the
need arise. In the event of an emergency, I also g	
selected by the adult leader in charge, to hospital	• •
injection, or secure other medical treatment, as nabove named unit and its leaders blameless for an	_
this outing except for clear acts of negligence or r	
guidelines. In case of emergency, I can be reached	•
reached, please contact	If I cannot be
reached, please contact	at
Signed:	Date:
(Parent or Guardian)	
Medical Conditions:	
Food and/or Drug Allergies:	
Prescription Drugs Taken Regularly and Dosage:	
1	
2	
3	
4.	
5	
6	