

**Boy Scout Troop 73
White Plains, NY
PO Box 1824
White Plains, NY 10602-1824
(914) 949-4679**

**Klondike Derby
FDR State Park
Yorktown, NY
January 30, 2010**

**Permission Slip Must be Returned, Completed & Signed
To the January 26th Troop Meeting**

I give my son/minor under my guardianship: _____,
permission to participate in a day activity with Boy Scout Troop 73, on January 30, 2010
and am aware of the activities planned by the Troop for this trip, including a sled race,
outdoor games and Scouting activities based around Scouting skills. I am aware of the
locations at which these activities will take place, and the transportation to be utilized.

In the event of sickness, accident or injury, I give permission for the Boy Scout
leaders of Troop 73 or the Mohican District of the Westchester-Putnam Council to
determine if medical treatment is necessary and to secure such treatment at the nearest
appropriate facility. If I can not be contacted in the event of an emergency, I authorize the
attending physician at such facility to treat my child/ minor under my guardianship.

Please list below, any information that may be necessary or helpful for proper
treatment of the above named Scout. (Ex: allergy to penicillin or other medicines or
food, diabetic condition, medication which is currently being taken, etc.)

Signature of parent or legal guardian:

Signature: _____ Date: _____

Best Telephone Number this weekend: _____

In case we can't reach you when calls are made to alert you of our return time,
please provide a cell-phone number so that we can try to reach you that way:
