

Boy Scout Troop 73
White Plains, NY
PO Box 1824
White Plains, NY 10602-1824
(914) 949-4679
Scoutmaster@Troop73BSA.com

Liberty Science Center
Liberty State Park
Jersey City, NJ
January 09, 2010

I give my son/minor under my guardianship: _____,
permission to participate in a camping trip with Boy Scout Troop 73, on 1/9/10 and am
aware of the activities planned by for this trip, including visiting a hands-on science
museum, viewing an IMAX movie, and related programs. I am aware of the location at
which these activities will take place, and the methods of transportation to be used.

In the event of sickness, accident or injury, I give permission for the Boy Scout
leaders of Troop 73 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: _____

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:
