

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

**Shelter-Building / Backpacking Campout**  
**Durland / Clear Lake Scout Reservation**  
**Putnam Valley, NY**  
**November 14-15, 2009**

I give my son/minor under my guardianship: \_\_\_\_\_,  
permission to participate in a camping trip with Boy Scout Troop 73, on 11/14-15/09 and  
am aware of the activities planned by for this trip, including hiking, camping, cooking, and  
activities based around Scouting skills. I am aware of the locations 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.)

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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:

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