



Boy Scout



Retreat 2010

**Permission
& Release Form**

NAME: _____

ADDRESS: _____ PHONE: _____

FAMILY DOCTOR: _____

HEALTH INFORMATION

Allergies: _____

Daily Medication _____

Insurance _____

Chronic Illness: _____

Policy # _____

It is important that if your son is to participate in the **Boy Scout Retreat** that you **complete, sign and bring this consent and release form to the outing**. As parent, or guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by your son.

I hereby consent to participation by my son, _____, in the retreat. I understand that this event will take place at Immaculate Conception in Fulda, OH and I have made the arrangements for his transportation.

Parents' Name/Signature _____

Emergency Phone Number _____