

## Permission for Seven Springs Ski Resort Feb. 2-4, 2007

Scouts(s) Names(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Medical condition and/or Medications taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My son(s) will attend: Friday-Sunday \_\_\_\_\_ Other \_\_\_\_\_

I hereby give permission for my son(s) \_\_\_\_\_ to attend the BSA Troop 55 Seven Springs overnight trip February 2-4, 2007 and grant to the adult leadership of the troop the authority to authorize the provision of medical care for my son as may be necessary. I further agree that my son(s) may be dropped off at my home upon return on Sunday in my absence.

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Parent signature

Date