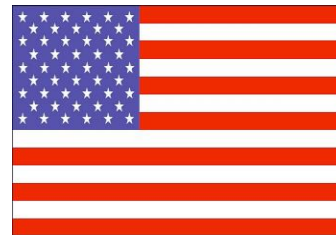


Troop 250 Permission Slip



Please join Troop 250 at the flag retirement ceremony in Concord MA.

Activity: **Flag Retirement Ceremony**

Location: **Sleepy Hollow Cemetery
Bedford Street/Rte 62 Concord, MA**

Date: **Saturday, November 11, 2017 7:45am**

Departure:(meet at entrance of Cemetery, 7:30am. No Troop transportation.)

Return: (should last approximately 1 hour.)

Cost: \$ 0.

Questions: Parrish Rice parde@comcast.net (781) 899-3085

Emergency contact: Parrish Rice (781) 718-7481

Details: Meet at Sleepy Hollow Cemetery, 129 Bedford Street/Rte. 62, Concord MA. Rte. 128 north, Rte. 2A west/Lexington Road to Concord center, right onto Bedford Street, park on Bedford Street adjacent to Cemetery entrance.

Please wear Class A Uniforms.

Return completed form at next meeting or **bring with you on Saturday, November 11th.**

----- (cut here; return bottom portion) -----

Activity: **Flag Retirement Ceremony**

Date: **Saturday, November 11, 2017**

Fees: \$ 0.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my Scout son/ward, namely:

First _____ Middle _____ Last _____

on the activity above, I agree to his participation and waive all claims against the leaders of this activity, officers, agents and representatives of the Boy Scouts of America, and the sponsoring organization. In the event of an emergency, the troop leader of the activity named above has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with the Troop.

- () Yes, I will attend this activity with my son(s)
- () Yes, I can drive (to / from) this activity; I can fit _____ scouts in my car.

Signature of parent or guardian: _____ Date: _____

EMERGENCY INFORMATION: (In addition to Personal Health and Medical Records.)
During the activity listed above, I (parent/guardian) can be contacted at the following phone number(s):

(_____) _____ (_____) _____

This Scout is highly sensitive to:
 What, if any, medication is this Scout taking?
 Any special instructions for this medication?
 Do you want the activity leader to carry the medication?
 (use back of this page for additional information or explanation)
 Questions? Call Parrish Rice (781) 899-3085 or email parde@comcast.net