

**PERMISSION FOR SCOUT ACTIVITY – FOR SCOUTS AND PARENT OR GUARDIAN**

Northwest Suburban Council, Boy Scouts of America  
600 North Wheeling Road, Mount Prospect, IL 60056

Troop 34 is planning the following activity:

**What: Scouting For Food drive**

**This is a 2-part event. Part 1 (Saturday, April 30<sup>th</sup>)** involves dropping off the food hangers on the doorknobs of homes in our area. **Part 2 (Saturday, May 7<sup>th</sup>)** is the food collection stage where we pick up the donated food and delivery it to the food shelter. Scouts and Parents can help on either day or both days. We appreciate any help we can get.

**SCOUTS: THIS IS A FULL UNIFORM EVENT.**

**When:**

Hanger drop off is Saturday, April 30<sup>th</sup> at 9:00am. We expect to finish around 12:00pm that day.

Food collection is Saturday, May 7<sup>th</sup> at 9:00am. We should finish up around 1:00pm.

**Where:**

Dominick's/Walgreen's parking lot on corner of Arlington Heights Road and Palatine Road. We will meet in the northwest corner of the lot closest to the bank on the Arlington Heights Road side.

Questions: contact Mr. Dave Petersen or Mark Ziegenhorn (cell 847-636-8552).

**WE NEED SCOUTS AND ADULT VOLUNTEERS FOR DRIVING. IF YOU HAVE A VEHICLE WITH GOOD CARGO SPACE, WE ESPECIALLY NEED YOUR HELP.**

My son, \_\_\_\_\_, has my permission to attend the Scouting for Food outing on:

\_\_\_\_\_ Saturday, April 30, 2005

\_\_\_\_\_ Saturday, May 7, 2005

\_\_\_\_\_ (Adult) I can drive on April 30th

\_\_\_\_\_ (Adult) I can drive on May 7th

I (We) \_\_\_\_\_, \_\_\_\_\_ (name of Adult leaders, Parents or Guardians) will be attending this outing also and agree to the following provisions:

**IN CONSIDERATION OF THE SERVICES DONATED BY OTHERS, I WILL HOLD FREE FROM LIABILITY IN CASE OF ACCIDENT OR ILLNESS THE NORTHWEST SUBURBAN COUNCIL OF BOY SCOUTS, TROOP 34, AND ITS LEADERS. I AM FAMILIAR WITH THE DETAIL OF THE ACTIVITY AND HAVE PROVIDED MY SON WITH THE NECESSARY FUNDS AND EQUIPMENT. I WILL BE SURE THAT NEITHER HE NOR I WILL ATTEND IF NOT IN PROPER HEALTH AND CONDITION ON THAT DAY. HE OR I MAY RECEIVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE AND WITHOUT FURTHER AUTHORIZATION SHOULD HE OR I BECOME ILL OR INJURED ON THE OUTING.**

During the activity, I may be reached at \_\_\_\_\_.  
(phone)

If I cannot be reached, please contact \_\_\_\_\_, at \_\_\_\_\_.  
(name & relationship) (phone)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signed (Adult leader, Parent or Guardian)