

# BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: Introduction to Backpacking Campout  
DATE: September 26-28, 2014

PERMISSION SLIP DUE: **September 7, 2014 Troop Meeting**

DESCRIPTION: On Friday, September 26<sup>th</sup> at 6:00 pm, the troop will meet at JUMC. We will then travel to Broad Creek Memorial Scout Reservation (Camp Saffron) in Whiteford, MD. We will be hiking throughout Saffron and camping in the wilderness. We will return to JUMC on Sunday following JUMC services.

**SCOUTS MUST BE PREPARED FOR VARYING WEATHER CONDITIONS. EVERYONE WILL BE RESPONSIBLE FOR THEIR OWN FOOD ON THIS TRIP.**

Uniform requirements: Class B Uniform- No Class A's on this Trip!

**PLEASE FILL OUT THIS FORM AND RETURN THE BOTTOM SECTION WITH MONEY TO THE TROOP MEETING DESIGNATED ABOVE. IF YOU DO NOT TURN IN YOUR SLIP AND MONEY AT THAT TIME, YOU WILL NOT BE ABLE TO PARTICIPATE IN THIS ACTIVITY! Please fill out a separate slip for each scout**

KEEP THIS PART FOR YOUR REFERENCE.

## BOY SCOUT TROOP 809 - PERMISSION SLIP

I hereby give permission for \_\_\_\_\_ to attend the Troop camping trip on September 26-28, 2014 to the Introduction to Backpacking trip at Camp Saffron, Broad Creek Memorial Scout Reservation in Whiteford, MD.

**IN CASE OF EMERGENCY:** I understand that reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son. I also understand that I am financially responsible for all medical treatment rendered.

I also understand that if my son becomes too disruptive or does not follow the rules and guidelines set forth by the troop leaders, I will be contacted by the adult leader in charge and required to drive to the camp and pick the Scout up.

LIST ANY MEDICAL CONDITION OR FOOD RESTRICTION WHICH SHOULD BE MADE KNOWN TO THE ADULT LEADER IN CHARGE OR TO MEDICAL PERSONNEL IN ATTENDANCE IN THE EVENT OF EMERGENCY TREATMENT. IF YOUR BOY IS REQUIRED TO TAKE MEDICATION DURING THIS ACTIVITY, NOTE ON THE REVERSE SIDE OF THIS SHEET AND DISCUSS WITH THE GROUP LEADER.

**ON THE DATE OF THE EVENT, I CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBER(S):**

SAT: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

SIGNED BY PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

I CAN  CANNOT  PROVIDE TRANSPORTATION TO  FROM  OR BOTH .

# OF BOYS (INCLUDING MY SON) THAT I CAN TRANSPORT WITH SEAT BELTS: \_\_\_\_\_

NAME OF ADULT(S) attending: \_\_\_\_\_

September 2014 campout

NAME OF SCOUT _____	NAME OF ADULT _____	
CAMPING/PROGRAM COST:	\$0.00 / PERSON	\$ <u>NONE</u>
FOOD COST:	\$0.00 / PERSON*	\$ <u>NONE</u>
<b>* Everyone is responsible for bringing their own food</b>		
TRAVEL COST:	\$5.00 PER SCOUT OR non driving ADULT*	\$ _____
* If you are transporting your scout, this fee is waived		
	TOTAL COST =	\$ _____

Payment Method: CASH  CHECK  SCOUT FUND

**This campout will be a BACKPACKING campout where scouts will be required to carry on their back all their supplies for the entire weekend, including tents (supplied by the troop), food and mess kits for cooking. No hand carrying of gear will be permitted. Scouts will be given detailed instructions on how to properly prepare for this trip at the two September troop meetings. It is very important for the scout to attend these meetings and pay attention to the instructions given. If you do not have a backpacking pack, please check this box - .**

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# **BOY SCOUT TROOP 809 - PERMISSION SLIP**

Troop 809 policy regarding camping/activity attendance & refunds: If an adult or a Scout is unable to attend this camp out or activity after turning in this permission slip, the Scout (or his parent) or the adult must inform the Scout's Patrol Leader, the Troop Health & Safety chairperson, & the Scoutmaster of the change, as soon as possible. A refund of food cost will be made only if the food for the activity/camp has not yet been purchased by the designated individual(s). A refund of the camping/activity cost will be made only if the related organization/business permits such a refund.

PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS AND/OR FOOD RESTRICTIONS.