

BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: **Mystery Hike & Wilderness Survival**
DATE: **March 20-22, 2015**

PERMISSION SLIP DUE: **March 15, 2015 Troop Meeting**

DESCRIPTION: On Friday, March 20th at **11:00 pm**, the troop will meet at JUMC. We will travel to a secret location where the scouts will do a midnight backpacking trip. **On Saturday the scouts will select 5 items from their pack and hike some more and practice wilderness survival skills for the next 24 hours. This will be a challenging campout – scouts should come PREPARED for all kinds of weather conditions – cold, rain, snow and think about what 5 items will be most important for their comfort and survival for the 24 hour wilderness survival challenge.** Scouts will return to JUMC on Sunday 3/22/15 at approximately 12 noon.

SCOUTS MUST BE PREPARED FOR COLD WEATHER CONDITIONS.

Uniform requirements: **Class B Uniform.**

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 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 March 20-22, 2015.

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 . I Can Tow The Troop Trailer .

OF BOYS (INCLUDING MY SON) THAT I CAN TRANSPORT WITH SEAT BELTS: _____

NAME OF ADULT(S) attending: _____

March 2015 campout

NAME OF SCOUT _____ NAME OF ADULT _____

This campout will be a BACKPACKING campout where scouts will be hiking in winter conditions. No hand carrying of gear will be permitted. Scouts will be given detailed instructions on how the properly prepare for this trip. If you do not have a backpacking pack, please check this box - .

OVER

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.

BOY SCOUT TROOP 809 - PERMISSION SLIP

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