

# BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: **October Troop Campout**

DATE: **October 21-23, 2016**

PERMISSION SLIP DUE: **October 2, 2016 Troop meeting**

DESCRIPTION: On Friday, October 21<sup>st</sup> at 6:00 pm, the troop will meet at JUMC. We will then travel to Elk Neck State Park, 4395 Turkey Point Rd, North East, MD 21901 where we will be tent camping. We will return to JUMC on Sunday following JUMC services.

*Uniform requirements:* Class B uniform must be worn for troop travel and Class A uniform is required for Sunday's Scouts Own Service.

Pond fishing is available. Scouts 16 and over must obtain a fishing license prior to the trip. Bring your own fishing gear.

**PLEASE FILL OUT THIS FORM AND RETURN THE BOTTOM SECTION WITH PAYMENT TO THE TROOP MEETING DESIGNATED ABOVE.**

**IF YOU DO NOT TURN IN YOUR SLIP AND PAYMENT 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 REFERENCE.**

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I hereby give permission for \_\_\_\_\_ to attend the Troop camping trip on October 21-23, 2016.

**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 up my son.

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

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

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: \_\_\_\_\_

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*October 2016 campout*

NAME OF SCOUT \_\_\_\_\_ NAME OF ADULT \_\_\_\_\_

<u>Activity</u>	<u>Cash/Check/Scout Account Price</u>	<u>Credit Card Price</u>	
Camping Cost:	\$14.00 / Person	\$14.58 / Person	\$ _____
Food Cost:	\$15.00 / Person	\$15.60 / Person	\$ _____
Travel Cost:	\$ 5.00 / Person*	\$ 5.14 / Person	\$ _____
* This fee is waived if you are transporting you and your scout.			
<b>Total Cost / Person Including Travel</b>	<b>\$34.00 / Person</b>	<b>\$35.32 / Person</b>	\$ _____

Payment made via: CASH  CHECK  SCOUT FUND  CREDIT CARD

**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.

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

PLEASE LIST THE MAKE, MODEL, AND YEAR OF YOUR VEHICLE IF YOU ARE DRIVING.