

BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: November Merit Badge Campout

DATE: November 11-13, 2016

PERMISSION SLIP DUE: **November 6, 2016 Troop meeting**

DESCRIPTION: On Friday, November 11th at 6:00 pm, the troop will meet at JUMC. We will then travel to Rodney Scout Reservation, 400 Rodney Scout Road, 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.

**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 November 11-13, 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: _____

November 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:	\$7.00 / Person	\$ 7.37 / Person	\$ _____
Food Cost:	\$15.00 / Person	\$15.60 / Person	\$ _____
Travel Cost:	\$ 7.00 / Person*	\$ 7.21 / Person	\$ _____
* This fee is waived if you are transporting you and your scout.			
Total Cost / Person Including Travel	\$29.00 / Person	\$30.18 / Person	\$ _____

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.