BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: **September Canoeing Campout**
DATE: **September 8-10, 2017** **PERMISSION SLIP DUE:** ***August 27, 2017 Troop meeting***

DESCRIPTION: On Friday, September 8th at 6:00 pm, the troop will meet at JUMC. We will then travel to Muddy Run Park, 172 Bethesda Church Rd., Holtwood, Pa 17532 where we will be tent camping. On Saturday we will be learning and practicing canoeing skills. 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. Make certain to have an extra change of clothes in case you get wet canoeing!

Please bring a bagged lunch to take with you during the canoeing trip on Saturday!

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 REFERENCE.

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I hereby give permission for _____ to attend the Troop camping trip on September 8-10, 2017.

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 2017 campout

NAME OF SCOUT _____ NAME OF ADULT _____

CAMPING/PROGRAM COST:	$5.00 / PERSON	$_____
FOOD COST:	$12.00 / PERSON	$_____
CANOEING FEE:	$25.00 / PERSON	$_____
TRAVEL COST:	$5.00 PER SCOUT OR non driving ADULT*	$_____

* If you are transporting your scout, this fee is waived

TOTAL COST = $47.00 $_____

CASH ☐ CHECK ☐ SCOUT FUND ☐

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.

Print Clear E-Mail

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PLEASE LIST ANY MEDICAL CONDITIONS, MEDICATIONS AND/OR FOOD RESTRICTION