

# BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: Troop 809 Open House Campout  
DATE: December 8-10, 2017

PERMISSION SLIP DUE: November 19, 2017 Troop Meeting

DESCRIPTION: On Friday, December 8<sup>th</sup> at 6:00 pm, the troop will meet at JUMC. We will then travel to Camp Hidden Valley, 4722 Mellow Road White Hall, MD 21161. We will return to JUMC on Sunday following JUMC services. We will be sleeping in cabins. Our guests will be joining us during the morning of December 9<sup>th</sup> and will camp with us that evening.

Scouts must be prepared for variable weather conditions.

Uniform requirements: Class B Uniform for travel, Class A Uniform for Sunday's Scouts Own Service.

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 person.

**KEEP THIS PART FOR YOUR REFERENCE. TROOP 809'S REFUND POLICY IS ON THE REVERSE SIDE OF THIS FORM.**

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## BOY SCOUT TROOP 809 - PERMISSION SLIP

I hereby give permission for \_\_\_\_\_ to attend the Troop camping trip on December 8-10, 2017, at Camp Hidden Valley in White Hall, 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.

I can be reached at the following telephone numbers throughout the duration of this event:

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 .

Number of Persons (including myself) That I Can Transport (must have seatbelts for each person): \_\_\_\_\_

Name of Adult Attending: \_\_\_\_\_

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December 2017 Campout

Name of Scout \_\_\_\_\_ and/or Name of Adult \_\_\_\_\_

Please Note: Every Cub Scout MUST be accompanied by an adult/guardian to participate in this event.

**Troop 809 is covering the camping and food expense for this event!**

(OVER)

# **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.**