

# BOY SCOUT TROOP 809 - PERMISSION SLIP

TRIP: Operation ICICLE  
DATE: January 26-28, 2018

PERMISSION SLIP DUE: **January 21, 2018 Troop Meeting**

DESCRIPTION: On Friday, January 26<sup>th</sup> at 6:00 pm, the troop will meet at JUMC. We will then travel to Broad Creek Memorial Scout Reservation in Whiteford, MD. We will be participating in the Harford District's annual Operation Icicle activities. We will return to JUMC on Sunday following JUMC services.

SCOUTS MUST BE PREPARED FOR COLD WEATHER CONDITIONS.

*Uniform requirements:* Class B uniforms must be worn for troop travel and Class A's are required for Saturday's campwide campfire.

**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 YOUR REFERENCE.

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I hereby give permission for \_\_\_\_\_ to attend the Troop camping trip on January 26-28, 2018 to the Harford District's Operation ICICLE camporee at Camp Spencer, Broad Creek Memorial Scout Reservation in Whiteford, 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.

**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: \_\_\_\_\_

January 2018 campout

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

CAMPING/PROGRAM COST: \$10.00 / PERSON \$ \_\_\_\_\_

FOOD COST: \$15.00 / PERSON \$ \_\_\_\_\_

TRAVEL COST: \$3.00 PER SCOUT OR non-driving ADULT\* \$ \_\_\_\_\_

\* If you are transporting yourself, this fee is waived

TOTAL COST = \$ \_\_\_\_\_

Payment Method: 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.

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