

TROOP 31

Ramsey, New Jersey

Permission Slip – Lower Hudson Valley Challenger Center – Mission to Mars

Event Info

Event: Take a 3 hour round trip to Mars, and get a start on (or continue) your Space Exploration merit badge!
Pizza for dinner, popcorn with a movie, and bagels for breakfast.

Location: 225 Route 59, Airmont, NY (near N. Airmont Road)

Departure Date: March 13th, 2010

Time: 5:00pm

Location: Meet at Challenger Center

Return Date: March 14th, 2010

Time: 10:00am

Location: Pickup at Challenger Center

Cost: \$60 Cash Check Scout Account

Have you already started work on the Space Exploration Merit Badge? Yes No

Notes: Bring sleeping bags and overnight supplies. We will be completing requirements 1, 4, 5, 6, and 8.

Review Space Exploration merit badge requirements - http://meritbadge.org/wiki/index.php/Space_Exploration

Review mission overview - http://www.lhvcc.com/mission_overview_gnrl.html

Informed Consent Agreement

I give my permission for (Name of scout) _____ to attend the activity listed above including any travel and transportation provided by B.S.A. Troop 31. I understand that participation in the above activity involves a certain degree of risk. I have carefully considered the risk involved and give my consent for the above-mentioned child to participate in the activity

I also give permission for any Adult Leader of Troop 31, or any adult acting as their agent, to seek emergency medical assistance in the event it is needed. If I cannot be reached, I give permission for emergency medical personnel to take what ever steps are necessary to ensure the proper course of treatment for the above-mentioned minor child.

Parent/Guardian signature _____ **Date** _____

Name (Please print.) _____

Telephone number(s) _____

Email address _____

Return this slip no later than February 28th, 2010 to:

Wayne Miller
14 Peach Hill Court, Ramsey, NJ 07446-1200
201-934-8430
wmiller@ftt.com

Emergency Medical Information

Do you have a BSA medical form on file: Yes / No

Medications currently taking _____

Medical condition requiring special care _____

(i.e. ADHD, Asthma, Convulsions, Heart trouble, Contact lenses, Diabetes, Fainting spells, Bleeding disorders, Dentures)

Allergies _____

(i.e. Allergy to a medicine, foods, plants, animals, or insect toxin)

Other _____

Physician _____ **Phone** _____

Emergency Contact:

Name: _____ **Phone:** _____ **Relation** _____

Name: _____ **Phone:** _____ **Relation** _____

Lower Hudson Valley Challenger Center – Mission to Mars

Adult Chaperone Registration

Name (Please print.) _____

Telephone number(s) _____

Email address _____

Are you currently a registered leader with the Boy Scouts of America? Yes No

No charge for adult chaperones who are registered with the Boy Scouts of America.

Cost: \$60 Cash Check Scout Account

Adult Emergency Medical Information (for your protection)

Do you have a BSA medical form on file: Yes / No

Medications currently taking _____

Medical condition requiring special care _____

(i.e. ADHD, Asthma, Convulsions, Heart trouble, Contact lenses, Diabetes, Fainting spells, Bleeding disorders, High blood pressure, Dentures)

Allergies _____

(i.e. Allergy to a medicine, foods, plants, animals, or insect toxin)

Other _____

Physician _____ Phone _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____