

TROOP 31

Ramsey, New Jersey Permission Slip – High Adventure Hike

Event Info

Event: 13 mile hike along the Appalachian Trail. We will hike from Tiorati Circle to Bear Mountain. This trip will be a little different from others. You will be expected to pack everything on your back. Your tent, sleeping bag, and all your own food. There will be no food provided. You will need to think of what meals you will need, snacks, and water. Clothes, rain gear, cold weather. This will test your preparedness.

Location: AT trail along 7 Lakes Drive

Departure Date: Saturday, June 05, 2010

Time: 8:00 am

Location: Municipal Parking Lot

Return Date: Sunday, June 06, 2010

Time: 1:00 pm

Location: Municipal Parking Lot

Cost: \$ 0 Cash Check Scout Account

Dress: Appropriate attire is required, hiking boots. I will be checking packs prior to leaving. If you have not packed properly, you will not be allowed to go. You must have enough food to make it thru, lunch, dinner, breakfast and lunch then next day.

Notes: Any questions, please contact me

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 May 21, 2010 to:

Paul Keosayian
100 Mayfair Drive, Ramsey NJ 07446
201-818-0868 keosayian@verizon.net

Emergency Medical Information

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** _____

High Adventure Hike

Adult Volunteers and Drivers

I, _____, will also going on this outing. I can transport _____ Scouts.

Drivers please complete the following:

Vehicle make/model/year _____ Number of seats w/seatbelts _____

Insurance coverage – Public Liability per person \$ _____ Pub. Liab per accident \$ _____

Property Damage\$ _____ Driver's License number _____

Adult Emergency Medical Information (for your protection)

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:** _____