

TROOP 31

Ramsey, New Jersey

Permission Slip – Glen Gray Spring Merit Badge Fair

Event Info

Event: Spring 2010 Merit Badge Fair.

Location: Camp Glen Gray, Mahwah, NJ

Departure Date: Friday, May 14, 2010

Time: 6:00pm

Location: Municipal Parking Lot

Return Date: Sunday, May 16, 2010

Time: 12:00pm

Location: Municipal Parking Lot

Cost: \$40.00 Cash Check Scout Account

Dress: Class A uniform for MB class, appropriate attire other times, rain gear, personal care kit.

Notes: You must submit an application and contact the merit badge counselor **THREE WEEKS IN ADVANCE** of the event. They will advise you of the pre-requisites. These must be completed before the event. No exceptions. 18 badges will be offered, including the opportunity to work on 3 Historical Centennial badges.

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 April 11, 2010 to:

Mr. McKiever

38 Yorkshire Drive

Suffern, NY 10901

mmc57@optonline.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** _____

Glen Gray Spring Merit Badge Fair

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:** _____