

TROOP 31

Ramsey, New Jersey

Permission Slip – Overnighter and Camp Glen Gray Beaver Day.

Friday September 23 to Saturday afternoon September 24, 2011

Event Info

Event: Camp Glen Gray Beaver Day and overnight camping

Location: Camp Glen Gray, Mahwah, NJ.

Departure Date: Friday Sept 23, 2011 **Time:** 5:00P.M.

Location: Municipal Parking Lot

Return Date: Saturday Sept 24, 2011 **Time:** Approx 4:30 P.M.

Location: Municipal Parking Lot

Work Day starts at 8:00A.M. on Saturday and ends at 3:00P.M.

We will be working on several projects to improve, repair and maintain the camp. Bring work gloves, and clothes you can paint or stain in. Dress appropriately.

Cost: \$12.00 for those spending the night. No cost for Scouts coming for just the day to work.

Payment by Check _____ Scout Account _____ Cash _____.

Come for the day or just a few hours. Sleepover in the lean-to or in a tent , enjoy great company and one of the last great weekends of the summer! We're staying at the Archery Range, recently renovated by Eagle Scout Jarrett Floyd and many other Scouts!

Dress: You need appropriate clothing for a work day at Camp. No uniform. If you are spending the night see suggested packing list on the Troop website.

Notes: The Camp will be providing breakfast and lunch for everyone. The Troop will be cooking a gourmet dinner for all who overnight Friday.

Please indicate below if you will be coming for the day, just a few hours, or spending the night.

.Day _____ Hours** _____ Approx. time** _____ Overnight _____

**If coming for just a few hours you need to provide your own transportation.

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 whatever 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 Sept. 16, 2011 to:

Mr. Robert Sundermann

19 Blauvelt Ave. Ramsey, NJ 07446

201-760-0197 email: rwsunder@optonline.net

Glen Gray Beaver Day and Overnighter

Sept.23-24, 2011

Emergency Medical Information

Do you have a Class II or III 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** _____

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)

Do you have a Class II or III 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:** _____