

TROOP 31

Ramsey, New Jersey Permission Slip – Palisades Hike

Event Info

Event: Intermediate hike along the Hudson River from Fort Lee to Camp Alpine in NJ, approximately 12 miles, then camp over night in Alpine.

Location: Fort Lee / Alpine NJ

Departure Date: Saturday, October 15, 2011 **Time:** 8:00 am **Location:** Municipal Parking Lot

Return Date: Sunday, October 16, 2011 **Time:** 11:00 am **Location:** Municipal Parking Lot

Cost: \$39.00 Cash Check Scout Account

Swimming Ability: None Beginner Swimmer (use only for Swimming or boating activities)

Dress: Appropriate for Weather and prepared for Rain.

Notes: This trip will count towards an overnight for the camping merit badge, as well as a 10 mile hike towards the hiking merit badge. Depending on amount of volunteer parents will ultimately determine success of this trip.

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 October 3, 2011 to:

Paul Keosayian
100 Mayfair Drive
201-81803175

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** _____

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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:** _____