

TROOP 31

Ramsey, New Jersey Permission Slip – Winter Cabin Camping

Event Info

Event: Winter Cabin Camping – Peterson Lodge in Camp Turrell

Location: Dow Drukker Scout Reservation – Cuddebackville, NY

Departure Date: Saturday, January 14, 2012

Time: 7:00 a.m.

Location: Municipal Building Parking Lot

Return Date: Sunday, January 15, 2012

Time: around noon.

Location: As above

Cost: Scouts - \$35.00

Cash Check Scout Account

Dress: Class B Uniform and appropriate outerwear for the weather. Scouts must wear hiking boots.

Note: Peterson Lodge sleeps 24. Registrations will be limited to the first 18 scouts and 6 adults that return the permissions slip to ASM Baxer.

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 **Wednesday, December 14, 2011** to:

Robert A. Baxer - ASM , 82 Alder Drive, Ramsey, NJ 07446

201-934-0818

baxers@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** _____

Winter Cabin Camping

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:** _____