

# TROOP 31

Ramsey, New Jersey

## Permission Slip – Ramapo Valley 2012 Gold Rush Klondike Derby

### Event Info

**Event:** Klondike Derby

**Location:** Shepherd Lake Recreation Area, Ringwood State Park

**Departure Date:** Saturday, January 21, 2012

**Time:** 6:30AM

**Location:** Municipal Parking Lot

**Return Date:** Saturday, January 21, 2012

**Time:** 4:30PM

**Location:** Municipal Parking Lot

**Cost:** \$5  Cash  Check  Scout Account

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

**Dress:** Dress appropriately for the weather. Be Prepared!

**Notes:** This year's Klondike will be a day packed with activities that mimic what explorers might have encountered during the 1896 Klondike Gold Rush. Some of the activities test life-or-death skills, such as first aid and building a fire, and some are just fun.

### 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 January 3, 2012 to:

Alex Stecyna

39 Shuart Lane, Ramey NJ 07446

201-286-2300 (cell)

pianotunernj@yahoo.com

### 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** \_\_\_\_\_

# Ramapo Valley 2012 Gold Rush Klondike Derby

## 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: \_\_\_\_\_

