

# TROOP 31

## Ramsey, New Jersey Permission Slip – High Adventure Hike

### Event Info

**Event:** High Adventure Hike from Bear Mountain, NY to Three Lakes Trail - 20 Miles over 3 Days

**Location:** Bear Mountain, NY

**Departure Date:** Friday, November 04, 2011      **Time:** 4:00 pm      **Location:** Municipal Parking Lot

**Return Date:** Sunday, November 06, 2011      **Time:** 4:00 pm      **Location:** Municipal Parking Lot

**Cost:** \$12.00     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 is High Adventure. For experienced hikers / scouts. You will be carrying everything you need on your back for 3 days. Meaning food, water, cooking gear / personal stove, and proper clothing for any conditions. There are area's for water along the trail, and we will have a pump with us / tablets for purification. Be prepared for an adventure.

### 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 24, 2011 to:

Paul Keosayian  
100 Mayfair Drive  
201-819-3175

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** \_\_\_\_\_

# High Adventure Hike - Fall 2011

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