

TROOP 31

Ramsey, New Jersey

Permission Slip – SOUP KITCHEN TRIP TO St. Johns

Event Info

Event: Community Service Trip to St. John's Church Soup Kitchen

Location: Newark, NJ

Departure Date: Saturday, January 23, 2010

Time: 6:30am

Location: Municipal Parking Lot

Return Date: Saturday, January 23, 2010

Time: 11am

Location: Municipal Parking Lot

Cost: none Cash Check Scout Account

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

Dress: No uniform required.

Notes: \$0--PLEASE Bring 1 bag of dry good groceries. Also, consider donating adult winter coats, blankets and quilts. Donations are accepted as well. Checks may be made payable to St. Johns Church

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 20, 2010 to:

Tim Watters
251 Wyckoff Ave
201-818-9542

twatters@wattersfinancial.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** _____

Soup Kitchen Trip

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:** _____