

Troop 356

BOY SCOUTS OF AMERICA

Dear Parents:

Troop 356 is planning to go on the following outing:

CAMP: _____ DATE: _____
MEETING PLACE: _____ MEETING TIME: _____
RETURN DATE: _____ RETURN TIME: _____
TRIP/CAMP FEE: _____ FOOD COST: _____
ADULT IN CHARGE: _____ DUE DATE: _____

If your son is planning to attend this trip, please complete, sign and detach the permission form below. The completed form and all moneys must be returned to the Scoutmaster by due date above.

******NO CELL PHONES OR ELECTRONIC DEVICES PERMITTED ON THE TRIP******

TEAR OFF AND RETURN BOTTOM SECTION

MY SON WILL BE RIDING TO CAMP WITH : _____
MY SON WILL BE RETURNING FROM CAMP WITH : _____
I CAN STAY WITH THE TROOP FROM _____ TO _____

My son _____ has my permission to attend the trip with Troop 356 on _____ to camp _____.

In case of injury or illness, the adult leaders of Troop 356 have my permission to take my son to a doctor or hospital by whatever means of transportation is available, including private car, for medical aid. I hereby authorize the doctor or hospital to administer whatever medical treatment is the opinion of the doctor needed.

Parent Signature

You should be aware that my son has the following medical condition: _____

If your son is on any medications, they must be turned over to the adult leader before leaving for camp. It should be accompanied by written instructions as to the name of the medication, how administered, frequency of dose and condition requiring medication.

In case of emergency, please contact: _____
Name Telephone #

Alternate contact: _____
Name Telephone #