



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	Summer High Adventure Trip NH White Mountains Linear Backpacking Trip		
LEAVING:	Date: Jul 24th	Time: 8:00am	Prince of Peace
PICK UP:	Date: Jul 30th	Time: 4:00pm	Prince of Peace
CAMP FEE:	\$175	PERMISSION SLIP DUE BY	Date: Apr 28, 2016
Emergency Contacts at the Event:	Kevin Peterson Kirk Lauri	Phone:	203-942-8174 203-470-9050

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_____ has my permission to participate in a campout on **Jul 24th to Jul 30th, 2016**
(Scout Name)

While it is understood that every precaution and care will be exercised on this event, it is understood that the troop, its leaders, committee, or the church cannot be held liable for accidents. Should an emergency arise, my permission is granted to obtain medical treatment and/or care at the discretion of the troop leaders. I will be notified as soon as possible of the incident.

In case medical care is needed, the following is all insurance information needed to file a claim.

Insurance Company _____ Policy # _____

Additional Info. i.e.. employee #, Group # _____

List any allergies/special needs/limitations: _____

List any medications being taken: _____

I may be reached at the following phone number(s) during this trip: _____ Cell _____

If I am unavailable, please contact _____ Phone # _____

Parent Signature Date

Fee Paid: _____