



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	December 5th-7th Shotgun		
	East Granby, CT		
LEAVING:	Date: December 5	Time: 4:45	Prince of Peace
PICK UP:	Date: December 7	Time: 11:00	Prince of Peace
CAMP FEE:	\$40	PERMISSION SLIP DUE BY	Date: 11/20/14
Emergency Contacts at the Event:	Kirk Lauri	Phone:	203-470-9050

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_____ has my permission to participate in a campout on **December 5-7, 2014**.
(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: _____