



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	<b>Apr Campout – NYC Spring Break Trip</b>		
	Camp Pouch Staten Island		
LEAVING:	Date: April 12, 2015	Time: 12:00pm	Prince of Peace
PICK UP:	Date: April 15, 2015	Time: 3:00pm	Prince of Peace
CAMP FEE:	\$200	PERMISSION SLIP DUE BY	Date: April 9, 2015
Emergency Contacts at the Event:	Ray Pflomm	Phone:	203-417-2919

-----Cut Here and Return Bottom Section Only -----

\_\_\_\_\_ has my permission to participate in a campout on **Apr 12 to Apr 15 2015**.  
(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: \_\_\_\_\_