



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	<b>CONN JAM</b>		
	ORANGE FAIRGROUNDS—ORANGE,CT		
LEAVING:	Date: <b>MAY 15</b>	Time: <b>4:45pm</b>	<b>Prince of Peace</b>
PICK UP:	Date: <b>MAY 17</b>	Time: <b>NOON</b>	<b>Prince of Peace</b>
CAMP FEE:	<b>\$25</b>	PERMISSION SLIP DUE BY	Date <b>MAY 7TH</b>
Emergency Contacts at the Event:	Kirk Lauri	Phone:	<b>203-470-9050</b>

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\_\_\_\_\_ has my permission to participate in a campout on **May 15<sup>th</sup> to May 17th.**  
(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: \_\_\_\_\_