



**BOY SCOUTS OF AMERICA®**



**TROOP 135 TRIP PERMISSION SLIP**

<b>EVENT:</b>	<b>Spring Scout Trip</b>		
	Washington DC		
<b>LEAVING:</b>	<b>Date: Sun. April 17</b>	<b>Time: 7:00am</b>	<b>Prince of Peace</b>
<b>PICK UP:</b>	<b>Date: Wed. April 20</b>	<b>Time: 3:30pm</b>	<b>Prince of Peace</b>
<b>CAMP FEE:</b>	<b>\$270</b>	<b>PERMISSION SLIP DUE BY</b>	<b>Date: March 31</b>
<b>Emergency Contacts at the Event:</b>	<b>Carlos Menendez-Aponte</b> <b>David Carlson</b>	<b>Phone:</b>	<b>914-584-7371 (cell)</b> <b>203-731-9010 (cell)</b>

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\_\_\_\_\_ has my permission to participate in a campout on **4/17 – 4/20**.  
(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: \_\_\_\_\_