



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	New Scout Campout / Rifle Shooting @ Hoyt		
LEAVING: - New scouts	Date: 05/05/2017 Date: 05/06/2017	Time: 4:45pm Time: 8:00am	Prince of Peace Hoyt (3 Marchant Rd, Redding, CT)
PICK UP: - New scouts	Date: 05/07/2017 Date: 05/07/2017	Time: 10:00am Time: 9:00am	Prince of Peace Hoyt (3 Marchant Rd, Redding, CT)
CAMP FEE:	\$10	PERMISSION SLIP DUE BY	Date: 04/27
Emergency Contacts @ Event:	Ian Foster Kirk Lauri	Phone: Phone:	203-900-4326 203-470-9050

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_____ has my permission to participate in a campout on _____
(Scout Name) (Dates)

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: _____