



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	Zip Lining @ Jiminy Peak		
	Camping at Pittsfield State Forest, MA		
LEAVING:	Date: 06/08/2017	Time: 4:45pm	Prince of Peace
PICK UP:	Date: 06/10/2017	Time: 10:00am	Prince of Peace
CAMP FEE:	\$25 for Scouts (\$50 for Leaders)	PERMISSION SLIP DUE BY	Date: 05/24
Emergency Contacts @ Event:	Ian Foster	Phone: Phone:	203-900-4326

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

_____ 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: _____