



# BOY SCOUTS OF AMERICA®



## TROOP 135 TRIP PERMISSION SLIP

EVENT:	<b>November Campout - Highbank</b> <b>Orienteering at Pond Mountain – Kent, CT</b> <b>Special Permission Slip for Star Scout or Higher to run WCOC Pond Mtn Courses by themselves</b>		
LEAVING:	<b>Date: Nov 2, 2012</b>	<b>Time: 4:45 pm</b>	<b>Prince of Peace</b>
PICK UP:	<b>Date: Nov 4, 2012</b>	<b>Time: 11:00 pm</b>	<b>Prince of Peace</b>
CAMP FEE:	<b>\$ 15</b>	PERMISSION SLIP DUE BY	<b>Date: Oct 25, 2012</b>
Emergency Contacts at the Event:	<b>Kirk Lauri</b> <b>Dave Collins</b>	Phone:	<b>203-470-9050</b> <b>914-471-6183</b>

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\_\_\_\_\_ has my permission to participate in November Campout **Nov 2<sup>nd</sup> to Nov 4<sup>th</sup> 2012.**  
(Scout Name)

**Saturday will include Orienteering on WCOC Courses at Pond Mountain. Most scouts will participate as part of a group. However we are offering the option for Star Scouts or Higher to run WCOC Pond Mtn Courses by themselves. Please initial to confirm your permission that your Star Scout or Higher can run the course as an individual.**

**Parents Initial for Solo Orienteering Option** \_\_\_\_\_

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: \_\_\_\_\_