



BOY SCOUTS OF AMERICA®



TROOP 135 TRIP PERMISSION SLIP

EVENT:	<b>February, 22-24, 2013 Cooking on wood and ice fishing.</b>		
	Litchfield, CT		
LEAVING:	<b>Date: Feb. 22, 2013</b>	<b>Time: 4:45 pm</b>	<b>Prince of Peace</b>
PICK UP:	<b>Date: Feb. 24, 2013</b>	<b>Time: 11:00 am</b>	<b>Prince of Peace</b>
CAMP FEE:	<b>\$ 15</b>	PERMISSION SLIP DUE BY	<b>Date: Feb 21, 2013</b>
Emergency Contacts at the Event:	<b>Kirk Lauri</b>	Phone:	<b>203-470-9050</b>

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

\_\_\_\_\_ has my permission to participate in a campout on **February 22-24**  
(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: \_\_\_\_\_