

BSA TROOP 184 - PERMISSION SLIP

As the parent or legal guardian for

I give my permission for him to attend the following outing with Boy Scout Troop 184.

Dates: **Dec. 6-8**
Destination: **BellePlain State Forest**

Time of Arrival: **6:30 PM**
Approx. time of Pickup: **10:00 AM**

Belleplain State Forest
Advancement trip

I give permission to the leaders of the Troop 184 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the Troop 184 and its leaders blameless for any accidents that might occur during this outing except for clear acts negligence or non-adherence to Boy Scouts of America policies and guidelines.

Primary Emergency Contact

Name: Tel: Cell:

Alternate Contact

Name: Tel: Cell:

Parent / Guardian Signature and Date: _____

Trip Cost: **\$40.00** Cash or Check:

I can drive to & from camp?

Mileage to camp – one way

Is your vehicle insured?

How many seats do you have with seat belts?

47 miles

Vehicle

DL #

(Vehicle and license information is needed for insurance purposes only)

Scouts - Return this half of the Permission Slip to the Scribe with payment

Scouts - Keep this half for your camping record

If emergency contact is needed with the Troop during the outing please contact:

Mr. Jim Stecker – Cell: 856-265-6410