



# TROOP 122 - BSA- CAMPING/ACTIVITY-



**Campout/Activity:** Snuffy Hollow Camporee, Monroe NJ

**DATES:** May 1-3, 2015 Attach \$15 CASH to this slip for food  
(If scout cannot attend form must still be returned with reason for absence)

**FORM MUST BE RETURNED BY: Thursday April 9, 2015**

## PERMISSION AND WAIVER

**Yes, I give permission for my son:** \_\_\_\_\_ **to participate in the campout/activity listed above. I understand my son may be involved in physical activities such as athletics, games, climbing, hiking, swimming, boating, running, crafts & competitions & may be cooking, making campfires & using camping tools. I relieve Troop 122, the BSA, the attending adults & the Scoutmasters,(who are all volunteers), of legal responsibility, waive all claims against them & give them permission to administer first aid or obtain doctor, emergency medical service or hospital medical treatment for my son. I agree that all medical bills will be paid by me and my spouse.**

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Yes, if the type of campout/activity permits and there is room, I** \_\_\_\_\_ **would like to attend. I agree to drive (See Transportation), help the adult leaders and follow the Troop Program.**

**No, my son:** \_\_\_\_\_ **is unable to attend because(Give Specific Reason):**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

## CURRENT MEDICAL INFORMATION-MUST BE FILLED IN

My son has the following medical conditions that need attention/medication (Please include instructions):

Allergies? Please List: \_\_\_\_\_

Can Tylenol be given for minor things like a cold, headache, toothache, sore muscles? Yes \_\_\_\_\_ No \_\_\_\_\_

In the event of an Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## TRANSPORTATION

We need volunteers to bring the scouts up to the campout/activity and back home. Please indicate if you will bring the scouts to or from camp. Everyone is expected to drive at least one way every other trip. We will keep records of who drives so each family does their fair share. Our Troop Transportation Committee Chair will call with driving instructions and where and when to meet. He/she will call if we have too many or do not have enough volunteers.

I will bring scouts to camp/activity on \_\_\_\_\_: Yes \_\_\_\_\_ No \_\_\_\_\_

I will bring scouts back home on \_\_\_\_\_: Yes \_\_\_\_\_ No \_\_\_\_\_

I will be driving a \_\_\_\_\_ which transports \_\_\_\_\_ people including myself.  
(Indicate car/van/truck)

**Return Slip to Mr. Bob Gargano by Thursday April 16, 2015**