



BOY SCOUTS OF AMERICA

TROOP 122 - BSA- CAMPING/ACTIVITY-



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CAMPOUT/ACTIVITY: Boston Freedom Trail/Camp Sawyer

DATES: 29 Apr – 1 May 2016

(If scout cannot attend form must still be returned with reason for absence)

FORM MUST BE RETURNED BY: 14 Apr 2016 (email or put in Mr Ramirez's mailbox)

Permission and Waiver

Name of Scout: _____

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** _____

No, my son is unable to attend because (give specific reason): _____

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.

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 or Benadryl 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 Committeeperson 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)

Any questions, please contact Mr. Ramirez

eMail: troop email address
557 Mackey Ave
Belford NJ 07718

Last day form will be accepted is Sunday, 17 Apr 2016