



# TROOP 122 - BSA- CAMPING/ACTIVITY-



**CAMPOUT/ACTIVITY: Citta Scout Reservation**

**DATES: 3-5 Nov 2017**

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

**FORM MUST BE RETURNED BY: 12 Oct 2017 (regular troop meeting)**

## 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 \_\_\_\_\_**

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

**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.**

## 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. Tuccillo**

eMail: [mike7074@gmail.com](mailto:mike7074@gmail.com)

Home: 34 Raynor Ave, Middletown

**Last day form will be accepted is Sunday, 15 Oct 2017**

**Please make sure you attach \$15 cash to this permission slip to cover the cost of your Scouts meals**