

# Troop 90

## Kendall Park, New Jersey

### Permission Slip

Troop 90 BSA of Kendall Park, NJ is participating in the following activity:

### Snuffy Hollow Camporee

### Thompson Park

### Jamesburg, NJ

**Departure Time and place:** Sand Hill Presbyterian Church\*  
Friday, May 3, 2013 @ 6 pm

**Returning time and place:** Woodlot Park\*  
Sunday May 5, 2013 approximately 11 am- scouts to call with specific time

\* Need Leaders/Parents to drive and pick up

#### Personal Equipment

**Patrol Requirements:** Each scout must have personal gear – Sleeping bag, backpack, flashlight, mess kit, utensils. Scouts will be cooking by patrols.

**Activity Coordinator:** Mary / Bob Storms - submit your permission slip by **Monday April 23, 2013**. In case of emergency only and you need to reach your son call Tom Grzelak @ 908-436-7442; Joe Zamorski @ 732-910-5180.

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-Keep This Part of Form-

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-Return This Part of Form-

Our son \_\_\_\_\_ has our permission to participate with Troop 90 BSA of Kendall Park, New Jersey to attend the following activity: **Snuffy Hollow Camporee.**

In case of emergency, we can be reached at the following # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ If no answer, please call \_\_\_\_\_ @ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Special Medical Needs or Comments: \_\_\_\_\_  
\_\_\_\_\_

(Check here \_\_\_\_ if another Parent will drive Scout home - Parent Name: \_\_\_\_\_)

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

#### **IMPORTANT INFORMATION:**

I authorize the adult leaders of Troop 90 Boy Scouts of America, to obtain such emergency medical treatment as may be required should my son suffer from any sudden illness or accident. I also give my consent for my son to receive blood transfusions should it be deemed necessary to sustain his life and/or well-being. I further agree that I will accept financial responsibility for any medical treatment provided. In consideration of benefits to be derived and in view of the fact the Boy Scouts of America is an educational institution, which is voluntary, and having full confidence that every precaution will be taken to insure safety and well-being of my son, I hereby agree to my son's participation and waive all claims against the leaders of this activity and officers, agents and representatives of Troop 90 and the Boy Scouts of America.

Is Scout covered by medical insurance? Yes \_\_\_\_ No \_\_\_\_ Policy #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Parent's/Guardian's Initials: \_\_\_\_\_