

Troop 90

Kendall Park, New Jersey

Permission Slip

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

Worthington State forest Deleware water Gap N.J.

Departure Time and place: Sand Hill Presbyterian Church*
Friday, October 25, 2013 @ 6 pm

Returning time and place: Woodlot Park*
Sunday October 27,2013 Aprox 12:00 scouts to call with specific time
* Need Leaders/Parents to drive and pick up

Personal Equipment

Patrol Requirements: Each scout must have personal gear – This is a backpacking prep trip gear/food appropriate will be discussed .

Activity Coordinator: Joe Z. / Bob Storms - submit your permission slip by Monday October 7,2013.

In case of emergency only and you need to reach your son call Joe Zamorski @ 732-910-5180.

-Keep This Part of Form-

-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 **Worthington Backpack trip**

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: _____