

Troop 90

Kendall Park, New Jersey

Permission Slip

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

Aqua Camporee

Quail Hill Scout Reservation, Manalapan, NJ

Departure Time and Place (circle one): Grace Presbyterian Church Friday, June 21, 2019 @ 6:00 p.m.

8th Grade or 7th Grade Class Trip Participants (only if needed)

Quail Hill Scout Reservation Saturday, June 22, 2019 @ 7:00 a.m.

Returning Time and Place: Woodlot Park*
Sunday, June 23, 2019 Email will be sent with specific time.

Personal Equipment

Patrol Requirements: Each Scout must have Spring/Summer personal gear: Sleeping Bag, Pad, Backpack, Flashlight, Swim Suit, Towel, Water Shoes, Rain Gear, Daypack for Hiking, Class B Shirt, Sunscreen

Uniform for Departure: Class A uniform **Cooking will be done by the Troop Leaders**

Activity Coordinator: Punam Jawadiwar —submit your permission slip on Monday, June 3rd, 2019

In case of emergency ONLY and you need to reach your son, call Reggie Carlson @ 732-684-0045 or Tom Grzelak @ (908) 436-7442.

-Keep this part of the form-

-Return this part of the form-

Our son _____ has our permission to participate with
Troop 90 BSA of Kendall Park, New Jersey to attend the following activity: **Aqua Camporee**

In case of emergency, we can be reached at the following number: (_____) _____ - _____. If there is no answer, please call _____ @ (_____) _____ - _____.

Food Allergies/Special Medical Needs or Comments: _____

Check here ____ if another Parent will drive Scout home – Parent's 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 that the Boy Scouts of America is an educational institution, which is voluntary, and having full confidence that every precaution will be taken to insure the 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/Guardian's Initials: _____

We will Need Leaders/ Parents to drop and pick up. I can drive on:

Saturday__ Number of Scouts: __ (including your own)

Sunday__ Number of Scouts: __ (including your own)