

Troop 90

Kendall Park, New Jersey

Permission Slip

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

Camping, Canoeing, Fishing Trip **Allamuchy Scout Reservation, Stanhope, NJ**

Departure Time and Place: Grace Presbyterian Church*
Friday, September 20, 2019 @ 6:00 p.m.

Returning Time and Place: Woodlot Park*
Sunday, September 22, 2019 Scouts will call with specific time.

Personal Equipment

Patrol Requirements: Each Scout must have personal gear: Sleeping Bag, Pad, Backpack, Flashlight, Mess kit, Utensils, Rain Gear, Fishing Gear (optional) **Uniform for Departure:** Class A uniform **Cooking will be done by patrols**

Activity Coordinator: Punam Jawadiwar —submit your permission slip on Monday, September 9, 2019

In case of emergency ONLY and you need to reach your son, call Liz Lien @ (609) 658-7340 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: **Camping, Canoeing, Fishing Trip at Allamuchy Scout Reservation**

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

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)