

Troop 90

Kendall Park, New Jersey

Permission Slip

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

T90 Backpacking and Camping Trip Sunfish Pond – Worthington State Forest, NJ

Departure Time and Place: Grace Presbyterian Church Saturday, December 5, 2020 @ 7:00 AM
(KS, MM, SSB) Returning Time and Place: With Parents after Day Hike
(PP and Older) Returning Time and Place: Kittatinny Point Visitor Center, Columbia, NJ, December 6, 2020 @ 10:00 a.m.

Personal Equipment

(KS, MS and SSB) DAY HIKE Requirements: Each Scout must have cold weather hiking gear: Sleeping Bag, Pad, Daypack, Flashlight, Trail Lunch Utensils, Rain Gear, Personal Mask, Hand Sanitizer, 2 Nalgene's of Water

(PP and Older) OVERNIGHT Requirements: Each Scout must have cold weather hiking gear: Personal Backpacking Tent or Hammock, Sleeping Bag, Backpack, Flashlight, Trail Meals, Utensils, Rain Gear, Personal Mask, Hand Sanitizer, 2 Nalgene's of Water

Uniform for Arrival/Departure: Class B and hiking gear.

Cooking: All scouts will each bring and cook their own trail food/meals. Backpacking stoves for making hot water will be available.

NEW!!! T90 Medical Check-In Form on Departure Day: – We will use the T90 Medical Check-In Form on departure day. Each scout must take their temperature at home and bring the form with them. The form is located under Forms on the T90 website mytroop90.org → Forms → Troop Forms

Activity Coordinator: Tom Grzelak —submit your permission slip on Wednesday, November 25th electronically (or in-person) to tom.grzelak@gmail.com. In case of emergency only and you need to reach your son, call 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: **T90 Backpacking and Camping Trip**

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

Special Medical Needs, Food Allergies 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: _____

Carpools may be done by patrol with parents' approval. Patrols are responsible for coordinating carpools, otherwise parents must provide individual scout transportation.