

# Troop 90

Kendall Park, New Jersey

## Permission Slip

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

### T90 Quail Hill Scout Reservation Camping Trip

Quail Hill Scout Reservation - Manalapan, NJ

**Departure Time and Place:** Grace Presbyterian Church, Saturday, January 23, 2021 @ 8:00 a.m.

**Returning Time and Place:** Quail Hill Scout Reservation, Sunday, January 24, 2021 @ 9:30 a.m.

#### Personal Equipment

**Patrol Requirements:** Each Scout must have COLD weather personal gear (coat, hat, gloves, boots): Personal Tent or Hammock (if possible), 0° F Sleeping Bag, Pad, Backpack, Flashlight, Mess Kit, Utensils, Snow/Rain Gear, Hand Warmers, Personal Mask, Hand Sanitizer, Chair

**Uniform for Arrival/Departure:** Class A uniform with Class B underneath.

**Cooking:** Cooking will be done by patrols. Meal plans due Monday, January 11<sup>th</sup>

**Attendance:** Limited to 22 Scouts and 3 Adults

**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.

**Activity Coordinator:** Tom Grzelak —submit your permission slip on Monday, January 4 electronically (or in-person) to [tom.grzelak@gmail.com](mailto: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-

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-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 Quail Hill Cold Weather Tent 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.

YES or NO - My scout has his own small 1-2 person tent or hammock.