

Troop 90

Kendall Park, New Jersey

Permission Slip

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

T90 (FF, CC, FP, UC and PP) Camping Weekend

Wawayanda State Park - Hewitt, NJ

Departure Time and Place: Grace Presbyterian Church Friday, April 16, 2020 @ 6:00 pm.

Returning Time and Place: Wawayanda State Park, Sunday, April 18, 2021 @ 10:00 am.

Personal Equipment

Patrol Requirements: Each Scout must have cool weather personal gear: Personal Tent or Hammock (if possible), Sleeping Bag, Pad, Backpack, Flashlight, Mess Kit, Utensils, Rain Gear, Personal Mask, Hand Sanitizer, Chair, Fishing Gear (optional), Hiking Day Pack

Uniform for Arrival and Departure: Class A uniform.

Cooking: Cooking will be done by patrols. Meal plans due NLT Wednesday, April 7th electronically to tom.grzelak@gmail.com.

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 the shed on Friday, April 16th. The form is located under Forms on the T90 website mytroop90.org → Forms → Troop Forms

Activity Coordinator: Tom Grzelak —submit your permission slip at the meeting on Friday, April 2nd electronically 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 Camping Weekend at Wawayanda State Park**

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: _____

YES or NO – I am willing to carpool scouts one-way either FRIDAY or SUNDAY. Scout Carpool Capacity: _____

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