



**TROOP 160 - PERMISSION SLIP**

Trip/Activity: Tomahawk Scout Reservation  
Date(s): 07Mar2008 thru 09Mar2008  
Departure time: TBD 2Aug2008 Place: Cary UMC  
Pickup time: TBD 9Aug 2008 Place: TBD  
Cost per Scout: \$260.00 Point of Contact: Mr. Greg Hall  
(\$60 by 3-17-2008)

EACH SCOUT WILL NEED: Clothes to fit the weather, waterproof boots, poncho, Scout Handbook, scout uniform, extra pair of shoes, sleeping bag, a cot and /or sleeping mat is desirable, mess kit, cup. Optional – compass.

**TRAVEL IN UNIFORM REQUIRED.**

(Tear off and return)

My son \_\_\_\_\_ has permission to participate in the above campout. He is in good physical condition and has not had any serious illness or operation since his last health examination. I may be reached at:

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

The following person can act in my behalf if I am not able to be contacted. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PHYSICIAN'S NAME AND TELEPHONE \_\_\_\_\_

SPECIAL HEALTH CONSIDERATIONS \_\_\_\_\_

INSTRUCTIONS FOR MEDICATIONS \_\_\_\_\_

**My/our son has reviewed his equipment checklist in his Scout Handbook and I/we are satisfied that he will be properly dressed and equipped for this activity. I/we understand that all troop activities are conducted in the spirit of the Scout Oath & Law. Any Scout who, in the opinion of the adult leadership, does not live up to these principles may be required to call his parents and have them bring him home.**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son on this activity, I hereby agree to his participation and waiver all claims against the leader of this trip and officers, agents, and representatives of the Boy Scouts of America. In the event of an emergency and I / we cannot be contacted, I give permission for emergency treatment by qualified medical personnel.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Guardian)

Adult that is also attending the outing: \_\_\_\_\_

Adult that can drive to the outing: \_\_\_\_\_ - # scouts that can fit in vehicle: \_\_\_\_\_

Adult that can drive returning from the outing: \_\_\_\_\_ - # scouts that can fit in vehicle: \_\_\_\_\_

**This form is required for all trips.**

We will always do everything in our power to provide adequate supervision for your son and to protect him.