

BSA Troop 111 - Permission Slip

Boy Scout Troop 111 is planning the following event.

Date(s):	11-13 January 2019	Location:	Camp Shenandoah, VA
Approximate Cost:	\$12.00	Return signed form and cash (no checks) to the Tour Leader by:	8 Jan 2019
Activity:	Outdoor Challenge		
Special Equipment:			
Tour Leader:	George McDaniel	Telephone:	434-964-6306
At Home Contact:	Dave Knowlton	Telephone:	434-962-8390

Shakedown, trip departure, and trip return will be at Grace Community Church.

	Date	Time	Notes	Uniform Requirement
Shakedown:	8 Jan	7:00		<input type="checkbox"/> Class A
Departure:	11 Jan	6:30	Report at: 6:00	<input checked="" type="checkbox"/> Class A
Return:	13 Jan	12:30	Pick-up time: 1:00	<input type="checkbox"/> Class A, shirt only

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Date(s):	11 - 13 Jan 2019	Location:	Camp Shenandoah, VA
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As the parent or legal guardian of _____ in Scout Patrol _____, I give permission to the leaders of Boy Scout Troop 111 to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I will provide my child's required medications, dosage instructions and any new medical information not reflected on his Class 1/2/3 physical to the Tour Leader at the departure site.

In case of emergency, contact below in order as listed with home parent(s) or guardian(s) first.

Emergency Contacts	Relation	Contact Number(s)
		H) C)
		H) C)

Parent Participation

Attending Event:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, do you have current BSA Youth Protection Training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide transportation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, complete the following for vehicle being used.		
Vehicle Insured in Virginia:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of seatbelts in vehicle, including driver:		
Make:	Model:		Year:		

Parent / Legal Guardian's signature: _____ Date: _____

Name of Parent / Legal Guardian's (please print): _____