

**PERMISSION SLIP**

Troop 42 is going camping on Apr. 6, 2017 and will return on Apr. 7, 2017.

Departure: Meeting at 6:00 p.m. at the New Fairfield Middle School Parking Lot  
Return: 8:00 p.m.. (approximate) at the New Fairfield Middle School Parking Lot

The trip is to the Camp Bullova, Stony Point, NY.

Please detach and keep this section of the form. The bottom of this completed form and a \$10.00 food deposit are due to the patrol leader on or before March 27.

This form was updated on 26-Mar-18

**PARENTAL INFORMED CONSENT AGREEMENT**

Troop 42 Boy Scouts of America  
Sponsored by the New Fairfield Lions Club

I understand that participation in the camping offered through Boy Scout Troop 42, Connecticut Yankee Council, on Apr. 6 - Apr. 7, 2017 involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given \_\_\_\_\_ my consent to participate in camping on Apr. 6 - Apr. 7, 2017. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I hereby consent to the use of photos including my son, without his name, on the troop web site. A photostatic copy of this agreement shall have the same force and effect as the original.

\_\_\_\_\_  
(Signature of parent or guardian)      \_\_\_\_\_ (Printed name of parent or guardian)      \_\_\_\_\_ (Date)

ACTIVITY: Camping

EMERGENCY INFORMATION (In addition to Annual Health and Medical Record.)  
During the activity listed above, I can be contacted at the following phone numbers:

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

This Scout is highly allergic or sensitive to \_\_\_\_\_  
What, if any, medication is the Scout taking and when should it be given

(please check if appropriate) I have used the back of this form for additional information and for explanation of any other problems of which the activity unit leader should be aware.

PARENT CAMPING: (check the appropriate boxes below)  
 Parent will camp with the troop       Parent will not camp with the troop

TRAVEL INFORMATION: (check the appropriate boxes below)  
 Parent can drive to camp with other scouts or     will drive separate from troop, arriving at \_\_\_\_\_  
 Parent can drive from camp with other scouts or     will drive separate from troop, departing at \_\_\_\_\_