

**PERMISSION SLIP**

Troop 42 is going camping on Jan 15, 2010 and will return on Jan 16, 2010.

Departure: Meeting at 6:00 p.m. at the New Fairfield Middle School Parking Lot  
Return: 4:00 p.m. (approximate) at the New Fairfield Middle School Parking Lot

The trip is to the Klondike Derby at the Brookfield Municipal Property, Brookfield, CT.  
Please detach and retain this section and return the bottom of this form.

Please note that food money is coordinated within each patrol. This form was updated on 20-Oct-09

**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 Jan 15 - Jan 16, 2010 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 Jan 15 - Jan 16, 2010. 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)

\_\_\_\_\_  
(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.

TRAVEL INFORMATION: If you will be driving your son to the camping trip and therefore he will not be traveling with the troop on the way to the camping trip or if he will be picked up by a parent and will therefore not be returning home with the troop check here and provide details

- to camp with parent \_\_\_\_\_
- from camp with parent \_\_\_\_\_