



Boy Scout Troop 72

Sponsorship : Roychester Park Community House
Overlook Hills, Abington Pa.
Meeting Nights :Monday 7:30p – 9:00p
www.troop72overlookhills.org

ACTIVITY Permission Slip

Scouts participating in this trip must have a signed permission slip prior to departure.

Date: Dec 8 - Dec 10, 2017
Theme: New York Urban Hike - Cabin/Lean-To Camping
Destination: BS Camp Pouch, Staten Island NY & New York City walk/subway/ferry
Arrival/Depart: Friday Dec 8 - Meet at Roychester Park at 6:30p – Depart 6:45p
Return: Sunday Dec 10 - Return to Roychester Park approx. 1:00p.
Food: Troop Purchase
Cost: \$50 pp (Covers : Subway, Museum, Lunch, Dinner, (2) breakfast)

Contact Leader: Glenn Arizini 215.990.6779

General Information:

In addition to the standard weekend **Personal Gear list** , All participants should bring :
Extra spending money if purchasing snack/drink/souvenir during Saturday hike of NYC.
Dress for being outdoors from 8am to 9pm in a city.

Cut here – Retain the top and return the bottom to the Adult Transportation Coordinator.

This Permission slip and nonrefundable cost for this event are required by the close of the scout meeting on **Monday December 4, 2017 (no exceptions)**.

Boy Scout Participant : _____

Has my permission to go on the outing indicated above with Boy Scout Troop 72. The undersigned Parent/Guardian hereby consents to emergency care and treatment being given to the above named Scout in the event he shall become, ill, injured or involved in an accident. The necessity for such care and/or treatment shall be left to the medical discretion of the attending physician. The undersigned Parent/Guardian also agrees to hold harmless of any indemnity, Scout Troop 72 as well as all registered leaders and any other non-registered adults in attendance at the above indicated trip knowing that all necessary precautions for the safety and welfare of the Scouts has been taken.

Parent/Guardian Signature _____

Best Contact Phone #: _____

Adult Participant : _____

* Adult must be Youth Protection trained and completed the three PA Child Protective Services Laws to drive or participate on trip.
(Check-off if on record with T-72)

Youth Protection Trained: Yes _____ No _____

RCH _____ CAHC _____ DSV/FP _____

I Plan On
Attending Yes / No <-CIRCLE ONE

Transportation	Yes / No	Total # of Available Seatbelts
I can drive To		
I can drive From		

If Participant is NOT planning on Leaving or Returning with the Troop indicate below

Arriving Time/Date	
Leaving Time/Date	

If participant is being treated for any medical / health conditions or requires prescription medication that the Troop should be made aware of that is **not currently** listed on his/her health form on file with the Troop, please indicate below and fill out and include page two of this document.

_____ YES and page 2 is included (can be printed from website)
_____ NO, current medical conditions and/or medication change



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ACTIVITY

MEDICAL / HEALTH CONDITION / PRESCRIPTION MEDICATION

Update and/or Add-On to
Health form on file with the Troop.

CAMPING DATES _____

Participant Name: _____ SCOUT / ADULT (CIRCLE ONE)

Boy Scout Troop 72 must be made aware of any special medical attention the participant needs for conditions, such as, but not limited to allergies, asthma, diabetes, epilepsy, heart conditions, etc. If the participant regularly takes medication for any type of condition, the Scout Leader for this trip **must have a supply of such medication in a labeled container along with its proper name and written instructions as to its administration.**

If the participant named above is a Boy Scout, the Scoutmaster or other trip leader reserves the right, in instances of special medical conditions or need for medication, to require parental attendance on the trip as a condition for the Scouts participation. Troop 72 reserves the right as well, to disallow participation on the trip by the Scout in the event the parent/guardian of such Scout is requested and does not attend.

I give consent for Troop leaders to administer medication or other care by the instructions that I list below.

Medical instructions and/or requests: Please be as specific as possible.

Parent/Guardian/Adult Signature _____