

## BSA TROOP & CREW 577 – Parent Consent Form

This form must be returned no later than: May 15th, 2010

Trip contact person: Dean Blom Phone#: (516) 785-2329

Destination: Deer Lake, Ct. Scout Camp Dates: May 22-23, 2010

Departure From: Newbrige Rd. School Time: 5:00 am

Place of Return: Newbrige Rd. School Est. Time: TBD

COST: \$45 for Rope Climbing Program, \$2 camping fee and 4 meals

Special note: ARRANGEMENTS FOR TRANSPORTATION MUST BE DECIDED AHEAD OF TIME. It takes approximately 2 ½ hours to get there.

(Tear off top and keep for your information)

TRIP TO: Deer Lake, Ct. Scout Camp

My son/daughter \_\_\_\_\_ has my permission to go on the trip indicated above with Troop/Crew 577. The undersigned parent/guardian hereby consents to emergency care and treatment to be given to the above named Scout in the event he/she shall become ill, injured or is 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, registered Scouters(adults) of Boy Scout Troop/Crew 577 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.

### IN CASE OF EMERGENCY:

PLEASE NOTIFY \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

OTHER #: \_\_\_\_\_

Boy Scout Troop/Crew 577 **must be made aware** of any special medical attention your child needs for conditions, such as, but not limited to allergies, asthma, diabetes, epilepsy, heart condition, etc. The Scoutmaster/Crew Advisor or other trip leader reserves the right, in instances of special medical conditions, to require parental attendance on the trip as a condition of the scout's participation. Trip leadership reserves the right, as well, to disallow participation on the trip by any scout in the event the parent/guardian of such youth is requested and does not attend.

### SPECIAL MEDICAL INSTRUCTIONS AND/OR REQUESTS:

MEDICAL INSURANCE COMPANY: \_\_\_\_\_

MEDICAL INSURANCE POLICY NO: \_\_\_\_\_

Number attending: Youths \_\_\_\_\_ Adults \_\_\_\_\_

I can drive: YES or NO (CIRCLE ONE) Both ways: \_\_\_\_\_ Going \_\_\_\_\_ Returning \_\_\_\_\_

I can take: Youths \_\_\_\_\_ Adult \_\_\_\_\_ Packs/luggage \_\_\_\_\_

DATE: \_\_\_\_\_

Parents/Guardian signature

**A fully completed form is required for all youths even if parent/guardian is in attendance.**