

BSA TROOP & CREW 577 – Parent Consent Form

This form must be returned no later than: April 21st, 2010

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

Destination: Bear Mtn – Harriman State Parks Dates: April 24th -25th, 2010

Departure From: Newbridge Road School Time: 6:00 am

Place of Return: Newbridge Road School Est. Time: TBD

COST: All meals purchased or made by each individual from Sat morning thru Sunday morning. Per youth: _____ Per Adult: _____

Special note: ARRANGEMENTS FOR TRANSPORTATION MUST BE DECIDED AHEAD OF TIME

(Tear off top and keep for your information)

TRIP TO: Bear Mtn – Harriman State Parks --- Doodletown

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 be 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.
