

Troop 99 Activity/Event Notice

Dear Parent/Guardians of Troop 99: The Troop is planning to attend a Klondike Derby. To be held at Bayport Scout Reservation, hosted by James River District.

We will leave from Barron Elementary School on February 15th, 2008 at 6:00 pm.

We will return to Barron Elementary School on February 17th. at approximately 12:00 pm.

The fee for this activity is \$15.00. To be paid no later than Jan. 29th. Money for food will be collected by the Patrols Grubmaster. Money must be paid one week (Feb. 12) prior to leave date.

* Required information

Troop 99 Parent Guardian Permission Slip

My son/ward * _____ has my permission to attend the activity/event mentioned above with Troop 99. I understand that responsible adults will provide transportation and will provide necessary adult leadership and guidance during these activities. I also certify that to the best of my knowledge my son/ward is physically fit to engage in all activities that will take place during the activity/event mentioned above. My son/ward and I also understand the Scout Oath and law are the basis for appropriate and safe behavior at any Troop 99 Activity/event. If at any time during the above mentioned activity/event the adult leaders of Troop 99 deem my son's/ward's behavior is inappropriate or unsafe, I will be responsible for his transportation home from the activity/ event. In consideration of the benefits to be derived, and in view of the fact that the Boy scouts Of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son/ward named above on the activity/event. I hereby agree to his participation and waive all claims against the leaders of this activity/event the officers, agents, and representatives of the Boy Scouts of America, Troop 99, and its sponsor, St. Marks United Methodist Church of Hampton Va. This authorization will remain in effect while the above-mentioned minor is en-route to and from the activity/event mentioned above.

*Parent/Guardian signature _____ Date _____

*Participating Scout _____ Age _____ Date _____

Authorization and consent to treat a minor

In the event of an emergency, I give permission for my son/ward _____*, To be transported to the nearest medical facility and treatment begun. I hereby authorize the adult leaders of Troop 99 consent to any X-ray, examination, anesthetic, chiropractic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, scout camp or elsewhere.

In case of emergency, please notify

*Name _____ *Phone _____

*Alternate Contact _____ *Phone _____

*Physician _____ *Phone _____

*Medical provider _____ *Policy Number _____

Please list any Medical & Physical information on the back of this permission slip.

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REMINDER

Please post this reminder on the refrigerator, a bulletin board, or on your computer.

Activity/event: Klondike Derby to be held at the Bayport scout reservation February 15th. to 17th.

Trip will start from; Barron Elementary School we will leave approximately; 6:00 pm. 2-15-08. ± 15 Mins.

We will return to; Barron Elementary School at approximately; 12:00 pm. 2-17-08. ±15 Mins.

The designated contact person will contact you on the day the scouts will return, if the return time has changed.
Do not contact the scoutmaster or the leaders who are attending the activity or event unless it is an extreme emergency.

Information Contact Person Mrs. Cheryl Burdine. Phone #; _____

I Hereby give permission to the Leaders of this activity permission to administer the following over the counter medication (s) to my son/ward if the need arises.

Tylenol { } Aspirin { } Benadryl { } Antihistamine { }

Pepto-Bismol { } Calamine Lotion { } Gold bond powder { } Desitin { }

Signed _____

Does your son/ward use an inhaler { } Yes. { } No. Does he have it with him? { } Yes. { } No.

Does your son/ward have any allergies to food, animals, or insects { } Yes. { } No.

Does he have an epi-pen with him? { } Yes. { } No.

Please list any allergies and/or physical/mental limitations your son/ward may have below.

Does your son/ward have prescribed medication which must be taken daily? { } Yes. { } No.

If yes, Please ensure the Leaders of this activity/ event have the needed medication in the original container. (Ensure it has not expired.)

Medication _____ administered _____.

Medication _____ administered _____.

Medication _____ administered _____.

Medication _____ administered _____.

All information is kept confidential and secured in a safe manner.