

# Troop 2 BSA Webelos Woods Camping Trip

## Camp Rodney Scout Reservation, North East, MD

### Permission Slip

Leave from: The Independence School, 7:00 PM, Friday, October 18, 2013 (Arrive by 6:30 PM)

Return to: The Independence School, 12:00 PM Sunday, October 20, 2013.

Cost: Boy Scouts: \$25.00 per person cash or check made out to "Troop 2 BSA" for the camping fee and food.  
**Cub Scouts: \$25.00 per Cub Scout and Parent / Guardian "Team".**

Required Gear: Travel in Class A uniforms. Dress in Class B shirts for Saturday activities.

Food Plans: Patrols will purchase food & prepare: 2 Breakfasts, 2 Lunches, 1 Dinner, & Fri. Night Snack.

Activity: Work on Scout Skills with Troop and Invited Webelos Guests.

In case of emergency, contact the following leader on the trip: **Tim Griesbach Leader's Cell # 302 757-5028**

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 ✕ Detach and return lower portion (with payment) to Troop 2 BSA by **October 10, 2013** ✕

## Troop 2 BSA Activity/Camping Trip

Participant's Name: Scout \_\_\_\_\_ Adult \_\_\_\_\_

In the event of an emergency, please contact me/us in the following order:

1. Contact Name: \_\_\_\_\_ land line phone: \_\_\_\_\_ cell phone \_\_\_\_\_

2. Contact Name: \_\_\_\_\_ land line phone: \_\_\_\_\_ cell phone \_\_\_\_\_

Note ANY medication that Scout or Adult is to take during the outing. Please provide medications in the original container with specific administrative instructions in a clear zip-loc plastic bag. Discuss with trip leader.

I/We hereby authorize, nominate and appoint the Troop 2 Scoutmaster and any other Troop 2 adult leader for this event as my/our lawful attorney in fact to act on my/our behalf to seek, obtain and authorize first aid, emergency or other immediate medical treatment or care from a qualified physician or other professional medical care provider, as is reasonably deemed necessary by such Scoutmaster or adult leader, in the event of any personal injury to my/our son, or myself, arising out of or in connection with this event, provided no surgical procedure is authorized without my/our express consent, unless required to save life, limb, or any important bodily function as an emergency matter. It is understood that the Scoutmaster or other Troop 2 adult leader will make all reasonable efforts to contact me/us or my/our alternate contact designated above as soon as practicable following any such accident or personal injury.

I/We hereby waive, and release and hold harmless the Boy Scouts of America, Troop 2, its sponsor, Charter Organization, the Scoutmaster and any adult leader of Troop 2 from, any actions, causes of action, claims, costs, damages, debts, demands, expenses, liabilities, losses, obligations, proceedings and suits of every kind and nature, arising out of or in connection with this event or the good faith exercise of authority granted hereby, except in the case of gross negligence on the part of such person.

As parent(s) or legal guardian(s) of the above mentioned Scout, I/we hereby grant my permission for him to attend the **Webelos Woods Weekend on October 18 – 20, 2013, located at Camp Rodney Scout Reservation, North East, Maryland.** I/we authorize any Troop 2 adult leader to administer any of the following over-the-counter (Non-Prescription) medication as deemed necessary by such adult leader. (Please initial your authorization to administer each of the medications listed below)

1. Advil/Tylenol or other ibuprofen/ acetaminophen pain reliever tablets \_\_\_\_\_
2. Benadryl or other antihistamine formulations for cold or allergies. \_\_\_\_\_
3. Imodium AD or other over the counter medications for diarrhea. \_\_\_\_\_
4. Sunscreen with a SPF of 30 or greater \_\_\_\_\_
5. DEET (30% or greater) for insect repellent \_\_\_\_\_

Signature of Parent, Guardian or Adult Participant \_\_\_\_\_ Date signed \_\_\_\_\_

I/We will be arriving late or leaving early: Date and time of arrival \_\_\_\_\_, Date and time of departure \_\_\_\_\_

**DRIVERS NEEDED** to transport scouts to and from trip destination

	Yes/No	# of seatbelts for scouts
I can drive to		
I can drive from		

**Troop Use Only**

\$ Paid \_\_\_\_\_

Date: \_\_\_\_\_

Check # \_\_\_\_\_

or Cash \_\_\_\_\_