Troop 956 Activity Permission Form

ACTIVITY: **Assateague Beach Trip** Dates: **Oct. 3 – Oct. 5**

Assateague MD State Park - family camping*, each site holds 6 people - sites are first come, first serve. A group will arrive early Friday to reserve spots ($). Your family is also welcome to arrive early Friday.

Troop transportation: **Friday, 5:00 p.m.:** Meet at Parkway Pool Parking lot
Sunday, 4:00 p.m.: Pick-up at Parkway Pool Parking lot
Camping Cost $10 per person
Scouts, bring money for patrol food.

***Family members: please bring own equipment, food, etc.**

During the activity listed above, the parent(s) of **Scout** _____ can be contacted at the following phone #s:

Parent: _____ Home (_____)_____ cell (_____)_____
If we are not available call:

Name: _____ relationship _____ phone # (_____) _____

Special Considerations:
Is your Scout currently under a physician's care or taking any medications? Yes___ No___
Are there other special considerations concerning your child which we should be aware? Yes___ No___
If you answered Yes to either question, please explain in DETAIL on the back of form.

The following medications are carried in the Troop First Aid Kit. Please signify your approval to administer these medications to your son based on need and our judgment. Any medication marked "NO" will not be administered.

Medication	**YES**	**NO**		**Medication**	**YES**	**NO**
Tylenol ES caplets				Benadryl Cream		
Ibuprofen (Advil) tablets				Neosporin Cream		
Benadryl tablets				Aloe Vera Gel		
Pepto-Bismol chewable						

In the event of an injury or in the case of an emergency, any adult leader of Troop 956, Boy Scouts of America, has my permission to obtain medical treatment for this scout at the nearest hospital, emergency medical facility, or physician. I also agree to reimburse the Leaders for any fees incurred by my son for any emergency, medical or other.

Parent Signature: _____ Date: _____

Amount Paid: $_____ Check #_____

Parents, please complete this section to allow us to plan for transportation for this event:
(Please remember that the Troop needs parents to attend and/or drive for events their sons attend to provide adequate transportation and supervision)

- I <u>will attend</u> this Troop Activity: Yes___ No___
  Number of seat-belted passengers counting your son(s): _____

  Family members attending: _____
- I can <u>drive TO</u> this Troop Activity: Yes___ No___
  Number of seat-belted passengers counting your son(s): _____
- I can <u>drive FROM</u> this Troop Activity: Yes___ No___
  Number of seat-belted passengers counting your son(s): _____