

TROOP 956 ACTIVITY PERMISSION FORM

ACTIVITY: Troop Camping at the Kloman's

Date: Oct. 23-25

Day: Friday, October 23

Time: 6:00 Meet at the Kloman's

Day: Sunday, October 25

Time: 12:00 Pick up at the Kloman's

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

Parent

Name: _____ 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 of? 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: _____

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 will attend this Troop Activity: Yes ___ No ___

Address: 19637 Youngs Cliff Road in Broad Run Farms