



Boy Scout Troop 62
 Boy Scouts of America
 Flemington, NJ
 Central New Jersey Council

Our Scout Troop is planning an overnight _____ a day trip.
 Below is information pertaining to this trip:

Camp Name: Yards Creek Scout Reservation

Camp Location: Blairstown, NJ

Date Meet at Church: Friday January 27, 2012 Time: 6:00 PM

Date Return to Church: Sunday January 29, 2012 Time: 12:00 PM

Shelter Type: Tents _____ Cabins _____ Other

Leaders in Charge: John Curtin, Bruce Richie, Bob MacDonald

Cost of Trip: Camp Site: \$ N/A

Food: \$ 8.00

* Bring bag lunch for Saturday

TOTAL: \$ 8.00

Please note: To facilitate distribution of each Patrol's food allowance, please provide the Food fee in cash.

Equipment Needed: Refer to the Boy Scout Handbook, Chapter 9. (see checklists on pages 203, 204, 224-227)
All equipment and clothing should be clearly labeled.

The DEADLINE for returning the completed permission slip is: Wednesday, January 25, 2012
 Please have Scout(s) return this slip and required money to his Patrol Leader by that meeting date.

----- please detach and return lower portion -----

My son, _____, has my permission to attend the Troop 62 activity / campout at Yards Creek Scout Reservation, Blairstown NJ on January 27, 28, 29, 2012.

I understand and agree that the adult leaders, the sponsoring institution, and the Boy Scouts of America will not be held responsible for acts of negligence committed by my son(s).

I understand that pictures of Scouts may be taken during Troop events and may be publish on the Troop website and in local newspapers. If you prefer not to have pictures of your son published please notify a Troop Leader.

My son(s) has the following medical condition(s), allergies, and/or takes the following medications:
 (e.g., asthma, allergic to bee stings, takes a daily medication, etc.)

In case of EMERGENCY, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son(s).

Parent or Guardian Signature: _____ Date _____

Parents Please Complete!

I CAN: _____ Stay with the Troop _____ Drive Up _____ Drive Back

EMERGENCY CONTACTS

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Relationship: _____ Relationship: _____