



Troop 66 Garden City Activity Permission Form

Permission is granted for our son _____

To participate in the campout at: **BUCK HILL SCOUT RESERVATION, 464 Wakefield Road, Pascoag, Rhode Island, 02859**

Date: **Nov. 30 to December 2, 2007**

Meet at: THE SCOUTMASTER'S HOME, 68 STEVENS ROAD, CRANSTON, @ **6:15 PM.**

**“CLASS “B” UNIFORMS” are to be worn.
Please dress appropriately for the weather.**

Parent pick-up: 12/02/07 – Buck Hill Scout Reservation, by **10:30 AM**

Cost per person- \$10.00 Scouts to Patrol Leaders. \$10.00 Scouters to Mr. McDevitt

Does your son have any allergies, medical condition, or medication that warrants notification?

Yes No

If yes please explain: _____

Our son has reviewed his equipment checklist in his Scout Handbook and we are satisfied that he is properly dressed and equipped for this activity. We understand that all Troop activities are conducted in the spirit of the Scout Oath and Scout Law. A Scout who, in the opinion of the adult leadership, does not live up to these principles may be required to call his parents and have them bring him home.

As the parent/guardian of the above Scout, I understand that my son will be attending this scheduled activity with my full knowledge and permission. He may participate in all activities programmed except as I may stipulate in writing--- on the reverse of this form--- to the leader in charge.

Further, if in the judgement of the Scout leader in charge, it becomes necessary to send my son to a nearby hospital, physician or dentist for diagnosis and/or treatment, they have my permission to do so.

Is there a potential scheduling conflict, which will prevent your son from being present for the entire Scout program?

YES NO **If YES** please list what time your Scout will be coming or leaving and with whom

Phone numbers where parent or guardian can be reached during the trip:

(____) _____ - _____ (____) _____ - _____

Parents signature: _____ Date: _____

List any exemptions or limitations for your son on the rear of this form.

Return this whole form to the S.P.L.

In case of an emergency call:

Buzz Greenhalgh at 401-487-2933 my cell may not be on all the time.
