

PLACE
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HERE

Troop 698 Permission Slip

1. Troop 698 will be going to the **Patriot District Fall 2012 Camporee, October 26 – 28, 2012 at Camp Highroad**, 21164 Steptoe Hill Rd., Middleburg VA 20117
2. We will assemble at WOES on **Friday Oct 26th at 5:45pm and depart at 6:10pm.**, Each scout should **either eat dinner beforehand or else bring a brown bag dinner for the Friday trip.**
5. Scouts that attend this outing will be delivered back to WOES at approx **noon on Sunday, Oct 28th.**
6. The adult in charge will be **Mr. Mike Koehler (703) 507-5875 (mobile).**
7. The local contact for an emergency will be: **(540) 687-6262 (Site Office at Camp Site)**

Please keep this page for a reference along with your notes and contact phone numbers.

WAIVER OF RESPONSIBILITY

BOY SCOUT TROOP 698 SPONSORED BY THE BURKE ROTARY CLUB

1. In consideration of the benefits to be derived, in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and that I have full confidence that every precaution will be taken to ensure the safety and well-being of my son(s) or ward(s), namely: _____ on the activity named below, I hereby agree to his participation and waive all claims against the leaders of this trip and the officers, agents and representatives of the Boy Scouts of America and the Burke Rotary Club.

2. Please list any medical or other problems that your son has, that will help the leaders ensure that he has a good outing. (For example: special sensitivity to bee stings or poison ivy; asthma; other physical limitations):

3. If your scout is taking medication, please give it to the designated leader at the outing. Please identify medication and list instructions:

4. Is there any other information that we should have about your Scout; including any dietary considerations?

5. In case of emergency, we can be contacted at _____ *Home* & _____ *Cell*. We will accept collect phone charges.

6. Health Insurance Information:

Name of insured individuals:	Identification Number:
Health Insurance Company:	Policy/Group Number:

7. Dad /Mom [circle] will drive Scouts: Yes, to the out

8. If parent(s) is driving: our car can hold _____ scouts [*specify quantity: including your son(s)*]

9. Has the troop been provided your auto insurance information? Yes No
(If no, please contact Pat Eaton with your insurance information.)

10. Dad / Mom [circle] will participate/camp at the outing: Yes _____ (#

ACTIVITY:

Patriot District Fall 2012 Camporee at Camp High Road (United Methodist Church Retreat Facility)

21164 Steptoe Hill Rd

Middleburg, VA20117USA

(540) 687-6262

<http://www.camphighroad.org/>

DATE OF EVENT: October 26 – 28, 2012

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature of Father, Mother or Guardian

Date

Form checked by: _____ Activity Fee paid? _____ Notes: _____