



SUMMER CAMP PERMISSION SLIP

Money & Summer Camp Medical Form must be received by Wednesday, April 22, 2009

PLEASE RETURN COMPLETED PERMISSION SLIP, PAYMENT, AND MEDICAL FORM TO THE ACTIVITIES CHAIRPERSON

YOUR CANCELLED CHECK IS YOUR RECEIPT.

YOU MAY KEEP THE UPPER PORTION FOR YOUR RECORDS.

EVENT: Summer Camp

PLACE: Ten Mile River

DATE: Sunday 8/2/09 - Saturday 8/8/09

PLEASE FILL OUT ALL LINES BELOW:

 \$320 CAMP FEE (SCOUT) \$ 50 ADULT FEE, WILL ALSO ATTEND YES / NO
 \$350 CAMP FEE (SCOUT) For Applications received after April 22, 2009

TROOP 18 ACTIVITY PERMISSION SLIP

EVENT: Summer Camp

PLACE: Ten Mile River

DATE: 8/2/09 - 8/8/09

I GIVE MY SON, _____, PERMISSION TO ATTEND THE ABOVE ACTIVITY WITH TROOP 18.

e-mail address: _____

I am be able to drive the following number of boys to summer camp: _____

I may be able to pick-up the following number of boys at summer camp: _____

IN CASE OF EMERGENCY CALL: PHONE# _____ OR _____.

IN THE EVENT NO ONE CAN BE REACHED AT THESE NUMBERS, I GIVE MY PERMISSION FOR EMERGENCY MEDICAL TREATMENT BY A PHYSICIAN OR HOSPITAL, IF NECESSARY. PLEASE INDICATE ANY CHANGES TO THE SCOUT'S MEDICAL FORM ON FILE:

DO YOU NEED AN ADULT LEADER TO HOLD AND DISPENSE ANY MEDICATION? _____

USE THE BACK OF THIS FORM FOR ADDITIONAL INFORMATION OF WHICH THE UNIT ACTIVITY LEADER SHOULD BE AWARE.

PARENT/GUARDIAN SIGNATURE: _____

The Ten Mile River Medical Form available on the Troop Website <http://www.freeholdtroop18.org/> must be returned with this form.