

**SIGNED PERMISSION SLIPS AND \$10 FOOD MONEY ARE DUE BY APRIL 3, 2007**

**Permission Slip**

Troop 523 is going to attend a the Snuffy Hollow Camporee at Thompson Park. We will be leaving St. John Vianney parking lot at 5:00 PM on Friday May 4, 2007. We will be returning to St. John Vianney parking lot at approximately 11:30 AM on Sunday May 6, 2007. In an **emergency**, you can call the following cell phone; 908-472-8165(Bob Gill).

Please detach and retain the top section. Return the rest of this form to the tour leader.

---

**SNUFFY HOLLOW CAMPOREE  
WAIVER OF RESPONSIBILITY  
TROOP 523 BOY SCOUTS OF AMERICA**

---

**Scout(s) Name(s)**

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary and having full confidence that every precaution will be taken to ensure the safety and well being of my son(s) or ward(s) listed above on the activity named above, I agree to his participation and waive all claims against the leaders of the trip, officers, agents, and representatives of the Boy Scouts of America and its sponsor.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **(Signature of Parent and Date)**

During the activity listed above, I can be contacted at the following phone number(s) and will accept long distance calls: HOME (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This Scout is highly allergic or sensitive to: \_\_\_\_\_

This Scout is taking the following medication: \_\_\_\_\_

Instructions for medication: \_\_\_\_\_

DO YOU WANT THE UNIT LEADERS TO CARRY THE MEDICATION? YES NO

MEDICAL INSURANCE INFORMATION: COMPANY: \_\_\_\_\_

POLICY#: \_\_\_\_\_

GROUP #: \_\_\_\_\_

Date of the latest tetanus shot/booster: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In the event of an emergency, the troop unit leader of the activity has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor at any expense if my doctor is not readily available.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ **(Signature of Parent and Date)**

<b>Parent is willing to drive for this outing</b>	<b>YES</b>	<b>NO</b>
<b>Parent is attending this outing</b>	<b>YES</b>	<b>NO</b>