

Permission Slip

Troop 523 is participating in a Disaster Drill at the Naval Engineering Base in Lakehurst NJ. The scouts will be participating as victims in and will be "rescued" by New Jersey's Urban Search and Rescue team NJ-Task Force 1. We will be leaving St. John Vianney parking lot at 4:30 pm Monday April 23rd 2007. We should arrive at Lakehurst before 6pm. After briefing, the boys will be moulaged (make up, and fake injuries) and planted for rescue by 7pm. Rescues should be completed by 9:30. We will be returning to St. John Vianney parking lot at approximately 11:30 PM that same night. In an **emergency**, you can contact the group at 908 420-4969 (Carl Heitmeyer CELL PHONE).

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

**DISATER DRILL
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)**

Parent is willing to drive for this outing	YES	NO
Parent is attending this outing	YES	NO