

Patrol Leader: _____ Scout Name: _____

TROOP 19 SCOUT PERMISSION SLIP **Due Tues. 10/17**

Activity: **Troop Campout**

Location: **Camp Whippoorwill – Merrimack**

Day/Date: **Friday 10/20 at 6pm to Sun 10/22 at 10:00am**

Cost: **\$15.00 cash per scout paid to PL**

Leave From Parking lot: **Pilgrim Church Fri at 6PM** Return To: **Church Sunday 10:00AM**

Emergency Numbers: NH State Police: (800) 852 3411

PARENT INFORMATION

Parent/Guardian: _____	I would like to attend <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes,	
Health & Safety Forms Required for all attending: <input checked="" type="checkbox"/> Forms A,B <input type="checkbox"/> Forms A,B,C Strenuous or over	
72hrs	
I will attend <input type="checkbox"/> full-time or	
<input type="checkbox"/> part-time from _____ to _____	
My Cell phone # _____	<input type="checkbox"/> Sorry, I have no cell phone
See the Activity Coordinator regarding food, tenting, and help needed.	

SCOUT INFORMATION:

I have paid my Troop Dues? No Yes, so I may attend. Verified-Troop Treasurer

Scout's Name: _____ has my permission to attend and to receive any emergency medical treatment and/or anesthesia that may be required. I will verify that my son's medical form is current. Scout Leaders will carry a copy of my son's current medical form which contains medication taken, allergies, insurance, and emergency contact information.

Health & Safety Forms Required for all attending: <input checked="" type="checkbox"/> Forms A,B <input type="checkbox"/> Forms A,B,C Strenuous or over
72hrs
He requires the following medication (dosage/freq):
Who will carry medication?(Circle one) (Scout) (Adult Leader) (Parent/Guardian attending)
He is allergic to the following: _____
Does the scout have any condition that precludes strenuous physical activity? <input type="checkbox"/> Yes <input type="checkbox"/> No
My son will attend the full activity. He will leave and return to church with troop <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, special arrival/departure notes:

I have read this form and the checklist. I understand what My Scout and I are responsible to make this activity a successful experience. My Scout will follow Scout Oath and Law.

Signature of Parent/Guardian _____ Date _____
Phone number(s) where you can be reached during the activity: _____

Emergency Contact (other than you): _____ Phone _____

No Permission Slips accepted after Tuesday 10/20

Driver Name: _____

Cellphone: _____

Number of Passengers: _____

Carry Gear?: Yes some NoHaul Trailer?: Yes No

TROOP 19 Activity Driver Information

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We cannot get there and back without drivers. Please volunteer!

We need the following information to demonstrate safe, insured transport in order to receive a Council Tour Permit. No Permit, No Trip.

Yes, I can help.

Driver Name: _____

I will drive Both ways One way, deliver only pickup onlyAll will wear seat belts. I can transport ____ self-belted passengers. With Gear Without Gear

Vehicle type, year, Model _____

Vehicle Plate Number: _____ State: _____

Owner name: (if different) _____

Driver's license # _____ State Issued: _____

Liability Insurance: person _____ accident _____ property damage _____

I will contact Activity Coordinator regarding directions.

Activity Coordinator will complete the following table

Passenger List (delivering to activity)	Passenger List (returning from activity)
1	1
2	2
3	3
4	4
5	5
6	6

TROOP 19 SCOUT EQUIPMENT CHECKLIST

PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

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Patrol: _____

Patrol Leader (PL): _____ Phone _____

Advancement Skills: Each scout should have several requirements planned to be signed off in advance of arriving. Preparation work highly recommended.

Emergency Numbers: NH State Police: (800) 852 3411

CLOTHING & EQUIPMENT LIST			
Notes: Patrol will bring a single Scout Handbook, X = bring, O=optional			
<input checked="" type="checkbox"/> Liner Socks	<input type="checkbox"/> Long Underwear	<input checked="" type="checkbox"/> First Aid Kit	<input checked="" type="checkbox"/> Sun Screen
<input checked="" type="checkbox"/> Wool Socks (2 pair)	<input checked="" type="checkbox"/> Upper-Body Layers	<input checked="" type="checkbox"/> Compass	<input checked="" type="checkbox"/> Chapstick
<input checked="" type="checkbox"/> Hiking Boots	<input checked="" type="checkbox"/> Lower-Layers	<input checked="" type="checkbox"/> Whistle	<input checked="" type="checkbox"/> Pad & Pencil
<input checked="" type="checkbox"/> Hat (warm)	<input type="checkbox"/> Wind Suit	<input type="checkbox"/> Map -To be supplied	<input type="checkbox"/> Sunglasses (opt)
<input type="checkbox"/> Swim Suit and Towel	<input checked="" type="checkbox"/> Rain Gear	<input checked="" type="checkbox"/> Headlamp / Flashlight	<input checked="" type="checkbox"/> Toilet Paper
<input type="checkbox"/> Gloves/Mittens	<input checked="" type="checkbox"/> Shorts	<input checked="" type="checkbox"/> Water Bottle (2 qt)	<input checked="" type="checkbox"/> Trash bags
<input checked="" type="checkbox"/> Belt	<input checked="" type="checkbox"/> Day Pack	<input checked="" type="checkbox"/> Eating Utensils	<input type="checkbox"/> 1/4"Nylon Rope(25')
<input checked="" type="checkbox"/> Cup	<input checked="" type="checkbox"/> Backpack or Duffle	<input checked="" type="checkbox"/> Plate/Bowl/Cup	<input checked="" type="checkbox"/> Pocket knife
<input checked="" type="checkbox"/> Hat (warm)	<input checked="" type="checkbox"/> Sleeping Bag	<input checked="" type="checkbox"/> Personal Survival kit	<input checked="" type="checkbox"/> Matches
<input checked="" type="checkbox"/> Scout Handbook	<input checked="" type="checkbox"/> Sleeping Pad	<input checked="" type="checkbox"/> Hand Sanitizer	<input checked="" type="checkbox"/> Watch
MEAL PLANNING			
Snacks: Patrol provided-do not bring individual snacks			
Type of Cooking: Wood fire, Camp Stoves and/or Charcoal			
Cooking by:	<input checked="" type="checkbox"/> Patrol	<input type="checkbox"/> Crew	<input type="checkbox"/> Troop
What meals & #	<input type="checkbox"/> 2 Breakfast	<input type="checkbox"/> 1 Lunch	<input type="checkbox"/> 1 Dinner
Water for:	<input checked="" type="checkbox"/> Patrol	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Troop

Notes:

CELLPHONE COVERAGE IN OUTING AREA MAY BE SPOTTY or NON-EXISTENT!

No Outside Firewood to be brought (prevents invasive beetle infestation)

BE PREPARED!

*****PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE*****