

Scout Name _____ Attending Parent Name : _____

Scout's Patrol Leader: _____ Parent Cell: _____

TROOP 19 SCOUT PERMISSION SLIP

(Due 10/20 at beginning of meeting – No exceptions due to current restrictions)

Activity: Campout **Location:** Camp Carpenter – campsite TBD

Date: Saturday, Oct. 24, 2020 8:30 am (meet at church; parents to provide transportation to Camp Carpenter parking lot)

All Scouts: Bring bag lunch for Saturday

Overnight Scouts: Parent pick-up Camp Carpenter parking lot on Sunday 10:30 am

Cost for dinner, breakfast, campsite: \$10

Saturday only: Parent pick-up at Camp Carpenter 3:30 pm (No Cost)

Pre-trip requirements: All participants (scouts and adults) must have current BSA medical form Part A and B and DWC Covid 19 waivers no later than Tuesday (10/20) meeting.

Transportation (check one):

(Parents responsible for checking with adult leader when arriving or departing events.)

Parent to transport scout to and from event

Scout to be transported to and from event by _____ following BSA policies.

Special departure/arrival notes: _____.

Tenting (check one; also indicate if adult tent is needed):

Scout will tent alone and will provide own tent or (hammock not recommended for this site)

Scout will tent alone and needs a troop tent (scout is responsible to return clean and dry)

Scout will be tenting with _____ in troop tent with head at opposite ends of tent. (Both scouts need specific permission in order to tent with each other and are responsible to return tent clean and dry).

Scout is not staying overnight (put note above).

Troop tent needed for adult

Adult Leaders:

Greg Anthony Cell: (978) 944-9209 Email: greg.anthony@outlook.com

Jane Richardson Cell: (603) 897-5362 Email: janenh4k@comcast.net

(See other side)

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 have a copy of my son's current medical form which contains medication taken, allergies, insurance, and emergency contact information.

Scout medication (dosage/freq): _____

Scout is allergic to the following: _____

I have read this form and the checklist. I understand that My Scout and I are responsible to make this activity a successful experience. My Scout will follow Scout Oath and Law. My scout will wear a mask within 6 feet of others or if requested, maintain social distancing and frequently wash his hands and/or use hand-sanitizer.

****I will pre-screen my scout and myself (if attending) and we will not attend if there are any symptoms of Covid-19, suspected or confirmed contact with Covid-19 or have traveled out the area (NH, VT, ME or MA) in the past 14 days. If a scout develops any symptoms of illness, he will be isolated and must be picked up by a parent within 90 minutes of being called. Screening and temperature checks may be performed at the discretion of the scoutmaster or ASM.**

If a participant tests positive for COVID-19 within 14 days of event or campout, I will notify scoutmaster (Greg) and activity coordinator.

Signature of Parent/Guardian

Date

PARENT Cell: _____ **Home:** _____

Emergency Contact (other than you): _____ **Phone** _____

Information and Packing List

Activity: Campout **Location:** Camp Carpenter – campsite TBD

Date: Saturday, Oct. 24, 2020 8:30 am (meet at church; parents to provide transportation to Camp Carpenter parking lot)

All Scouts: Bring bag lunch for Saturday

Overnight Scouts: Parent pick-up Camp Carpenter parking lot on Sunday at 10:30 am

Cost for dinner, breakfast, campsite: \$10

Saturday only: Parent pick-up at Camp Carpenter 3:30 pm (No Cost)

Adult Leaders:

Greg Anthony Cell: (978) 944-9209 Email:greg.anthony@outlook.com

Jane Richardson Cell: (603) 897-5362 Email: janenh4k@comcast.net

Emergency Number: NH State Police: (800) 852-3411

CLOTHING & EQUIPMENT LIST

All Scouts:

___ Wear non-cotton clothing appropriate for forecasted weather including RAINGEAR

___ **BAG LUNCH FOR SATURDAY**

___ Wear sneakers or hiking boots

___ Personal medication if needed (give to adult leader upon arrival)

___ Personal Masks (at least 2)

___ Troop 19 hat

___ Daypack

___ **1 Filled Water Bottle**

___ Pocketknife

___ Watch

(See other side)

___ Small personal hand sanitizer ___ Toilet paper

Overnight camping:

___ Sleeping bag (rated at least 20 degrees or extra blanket) and sleeping pad

___ Extra set of clothing AND FOOTWEAR, socks, sleeping clothes,

___ Raingear

___ Long pants (can be zip-offs, rain pants or synthetic athletic wear)

___ Warm jacket (could be below freezing at night)

___ Personal tent or hammock (with rainfly) if not using troop tent (Adults and scouts are not allowed to share tents per BSA YPT policy. This includes parents with scouts.)

___ Personal toiletries (toothbrush, etc)

___ Small Personal First Aid Kit ___ Compass

___ Whistle ___ Headlamp

___ Camp chair (will not be able to set face-to-face at picnic tables without mask)

___ Warm knit hat and gloves

___ Listen carefully to announcements on 10/20 regarding Halloween related camp-wide event

**Disposable plates, utensils, etc. will be provided. Personal mess kits will not be used.

Additional Notes: Cell service could be spotty or non-existent. Temperatures can range from 20 to 65 degrees, not factoring in wind-chill. Dress in layers to manage body heat and moisture. Add layers to warm-up, remove layers to cool down. Proper, broken-in footwear is required. Remember to drink water during activity!

(See other side)