Troop 461

Campout Permission slip

Camp Butler - Sassafras Glen Site

800 W. Streetsboro Rd (Route 303)

Peninsula, Ohio 44264

We will be camping at Camp Butler. This will be a tent/hammock campout (With access to Adirondacks). Scouts will plan and prepare their meal for Saturday Lunch & Dinner and Sunday Breakfast. (Cooking merit badge requirements can be earned for meals). There will be a flag retirement ceremony Saturday night. Please dress appropriately for Winter outdoor conditions.

The cost for this event is **$25.00 per scout** and **adults are FREE**. Make checks payable to: Troop 461. ***As always, drivers will be needed for scouts and troop gear***.

Questions: Contact Scott Patterson 216-970-8788

**Departure Time:** 9:00 AM **Date:** 2/11/2023 at Highland Heights Park Pool house

**Return Time:** 10:00 AM **Date:** 2/12/2023 at Highland Heights Park Pool house

(Tear along line and turn in with fees)

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**Permission Slip**

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I hereby give my permission for this child to participate in an outing with Troop 461.

**Activity:** Camping **Location** Camp Butler Scout Reservation

**Departure Time:** 9:00 AM **Date:** 2/11/2023 at Highland Heights Park Pool house

**Return Time:** 10:00 AM **Date:** 2/12/2023 at Highland Heights Park Pool house

I understand that participation in scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose to the adult in charge Examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

In case of emergency, I can be reached by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If I cannot be reached, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I’m available to drive to camp: (yes / no) I also plan to spend the weekend (yes / no)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian)