**BSA Troop 314**

**Permission Form**

|  |  |
| --- | --- |
| Activity/Location: | Wintergreen Ski Trip |
| Arrive(Scout Closet): | **02/28/2020 5:30 PM** |
| Depart | **02/28/2020 6:00 PM** |
| Return: | **03/01/2020 1:30 PM** |
| Food Stop: | **Yes** |

**Travel Details**

**Clothing and gear for winter sports including gloves and a hat. Plan for cold temperatures and a range of wet/dry weather. A good sleeping bag and mattress pad for the lodge.**

**Scoutmaster in charge:** **Bill Campbell (919) 413-7715**

(keep the top section for reference, if needed)

|  |  |
| --- | --- |
| Activity/Location: | **Wintergreen** |
| Depart | **02/28/2020 6:00 PM** |
| Return: | **03/01/2020 1:30 PM** |

My son(s) will attend this activity. To the best of my knowledge my son(s) is/are in good health and may engage in all activities during the outing, except as noted below. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injections, surgery or provide other necessary medical care for my son.

Exceptions to activities:

Medication Required:

Emergency Contact: Phone:

Parents Signature: Date:

Parents Name:

Check the box if you will be attending this activity?

**This form MUST be completed and returned PRIOR to the Departure Time.**

**NO FORM – NO TRIP**