

**Winter Festival 2009 Campout Permission Slip.**  
**February 28<sup>th</sup> March 1<sup>st</sup>**  
**Located in New Hartford Connecticut**

- This form must be completed and returned before Feb. 20<sup>th</sup> 2009.
- Scout \_\_\_\_\_ has my permission to attend the Camp Sequassen campout with Troop 880 in New Hartford, Connecticut.
- Emergency medical treatment is authorized in case parents can't be contacted. Phone numbers where parents can be reached in an emergency during the trip. (\_\_\_\_)-\_\_\_\_\_.
- We will be meeting at church at 8:30 am on Feb. 28<sup>th</sup> and returning about 10:30 am on March 1<sup>st</sup>.
- Saturday night dinner will be Patrol cooking. The scouts are responsible for arranging this meal.
- Saturday lunch & Sunday breakfast will be provided by the Troop.
- Will Scout be bringing any medications or inhalers? Yes\_\_\_\_\_ No\_\_\_\_\_
- Is the scout allergic to any foods or insect bites? Yes\_\_\_\_\_ No\_\_\_\_\_ if yes, please explain.  
\_\_\_\_\_
- Please provide name of medications / inhalers \_\_\_\_\_. All medications need to be in original container and handed to Scout leader by parent.
- \_\_\_\_\_ I can drive\_\_\_\_\_ I have room for\_\_\_\_\_
- \_\_\_\_\_ I will be attending as an adult leader
- Cost: \$15.00 per person.
- Name of Parent\_\_\_\_\_
- Signature\_\_\_\_\_ date\_\_\_\_\_
- Hand in or mail to Mr. Maneeley 326 Quarry Brook Drive S. Windsor, CT. 06074