

Appalachian Trail Hike Permission Slip

This form must be completed and returned before March 19th

Scout _____ has my permission to attend the Spring Appalachian Trail hike March 26th 27th and 28th with Scout Troop 880 in New York. Emergency medical treatment is authorized in case parents can't be contacted. Phone numbers where my parents can be reached in an emergency during the trip. (____)-_____.

Cost: \$8.00

Will this Scout be bringing any medications or inhalers? Yes____ No____
Please provide name of medications/ inhalers _____. All medications need to be in original container.

_____ I can drive____ I have room for_____ scouts including gear and myself.
_____ I will be attending as an adult leader

Name of Parent_____ Signature_____ date_____

Hand in or mail to Mr. Maneeley 326 Qaurrybrook Drive, S. Windsor. CT. 06074