

# Troop 880

## Orienteering Weekend

### Permission slip

April 23<sup>rd</sup> -25<sup>th</sup>

- This form must be completed 4/21/08
- Scout \_\_\_\_\_ has my permission to attend the April Orienteering trip at J N Webster Ashford, CT. April 23, 25.
- Emergency medical treatment is authorized in case parents cannot be contacted. Phone numbers where parents may be reached in an emergency during the trip. (\_\_\_\_)- \_\_\_\_\_.
- We will be meeting at church Friday the 23<sup>rd</sup> returning about 11am Sunday the 25<sup>th</sup> of April
- Will Scout be bringing any medications or inhalers? Yes\_\_\_\_ No\_\_\_\_
- 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\_\_\_\_ scouts including gear.
- \_\_\_\_\_ I will be attending as an adult leader
- Cost for the trip will be 12 dollars per person. This is for camping and maps fees
- Name of Parent\_\_\_\_\_ Signature\_\_\_\_\_ date\_\_\_\_\_
- Present or mail to Mr. Maneeley 326 Quarry Brook Drive S. Windsor, CT. 06074 Please call me at 1-860-882-3111 if you have any questions.