

Troop 880 Spring 2011 Orienteering Trip.

April 15th-April 17th

Located in Hurd State Park

East Hampton, CT

- This form must be completed and returned before April 12, 2011
 - Scout _____ has my permission to attend the Orienteering Campout Troop 880 in Hurd State Park, East Hampton, CT.
 - Emergency medical treatment is authorized in case parents cannot be contacted. Phone number where parents can be reached in an emergency during the trip.
(____)_____.
 - We will be meeting at church at 5:30 pm on April 15th-- BE SURE TO HAVE EATEN DINNER BEFORE--and returning about 9:30 am on April 17th .
 - This trip is Patrol Cooking. Saturday, breakfast, lunch & dinner and Sunday breakfast.
 - 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.
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- 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: \$10.00 per person.
 - Name of Parent _____
 - Signature_____ date_____
 - Hand in or mail to Mr. Maneeley 326 Quarry Brook Drive South Windsor, CT 06074