



TROOP 43, SEA CLIFF NEW YORK BOY SCOUTS OF AMERICA

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BOY SCOUT ACTIVITY

(Applies to all youth participants under the age of 18)

To Whom It May Concern:

Scout: (Print Name) _____

Address: _____

has my permission to participate in the following activity:

What: Schiff Scout Reservation
When: December 13 to 15, 2013
Where: Wading River, New York

The goal of each trip is to promote the ideals of Boy Scouting, through organized outdoor activities with the goal of each scout to organize and work as a patrol and camp for a night, to plan and prepare meals and to participate in planned activities. This event will provide Scouts an opportunity to experience team building and hone their outdoor skills while working together as a patrol.

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above. We recommend no more than one parent and we cannot allow any non Troop 43 youth to attend. All registered scouts are encouraged to attend. We will require an additional Youth Protection Trained Parent (YPT) to Accompany the Scoutmaster/Assistant Scoutmaster.

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize the tour leader or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of medical practice or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp or elsewhere.

This authorization will remain in effect while the above minor is in route to or from participating in the above noted activity.

Date: _____ Signed: _____ Relationship: _____
Print Name: _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name:	Phone:
Physician:	Phone:
Med. Insurance:	Policy or Group #:

Tear Off Here For Parent Record

Trip: Schiff Scout Reservation, Wading River NY. 12/13/2013 to 12/15/2013 Fee: \$20.00
Troop 43 will be leaving St. Luke's Church on Friday, December 13 at 5:00pm and will be returning to St. Luke's Church on Sunday afternoon. Parents shall coordinate transportation with other troop members. **Please check the troop website: www.seaclifftroop43.org**

All Scouts are to be dressed in hiking boots, class A uniform, and cold weather clothing appropriate for this trip.

A \$20.00 Fee Per Scout & This Form Are Due Thursday, 12/5 @ The Regular Troop Meeting