

NNJC Belleville Troop 350 Trip information and permission slip

Activity: Camping/Great Adventure

Date(s) of trip: April 23,24,25

Approximate time of return: Between 1-4 pm on the 25th

Location: Jackson, NJ

Special items to bring: \_\_\_\_\_

Cost: \$55 Due by: April 5th

(Make checks payable to Troop 350)

Notes: \_\_\_\_\_

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PERMISSION SLIP

Scouts name: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Emergency Contact (other than parents):** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

I give my son permission to attend Troop 350's trip leaving April 23rd at 6pm

And returning April 25th between 1- 4pm. The trip is to Great Adventure

To the best of my knowledge, my son is in good medical health (unless indicated below) and is able to participate in all activities. In the event of illness or accident in the course

of such activity and I cannot be reached, I hereby request that measures be instituted without delay as judgment of medical personnel and adult trip leadership dictates. .

Please help us protect your son by providing honest, accurate, and complete information.

**Important Medical information: (Use back of paper if necessary)**

Medical problems/conditions leaders need to know, including asthma or any allergies :

\_\_\_\_\_

\_\_\_\_\_

Current medications and doses: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return bottom portion in a sealed envelope with your check.