



www.novitroop407.org



Boy Scouts of America - Troop 407 - Novi, Michigan Camping Permission Slip

Campout/Trip Name: 2011 Summer Camp – Camp Rotary

Trip Itinerary: 7 days, 6 night at Lake Huron Area Council’s Scout Camp in Clare County, MI
Working on advancement and/or merit badges

Travel Clothing: X Full Class ‘A’ Uniform Class ‘B’ Uniform

Leaving: **Date** Sunday June 26 **Time** 9:00am **Place** Novi Civic Center

Returning: **Date** Saturday July, 2 **Time** ~2pm **Place** Home

Tour Leader: Bryan Hood (248) 766-5851 **Accommodations:** Open Fabric covered shelters

Personal Equipment List

- | | | | |
|--------------------------------------|----------------------------|---------------------------|--------------|
| Sleeping Bag | 6 complete sets of clothes | Flashlight | Totin Chip |
| Insulated Pad for under sleeping bag | Stocking Hat | Scout knife | Fire’n Chip |
| Duffel Bag or Backpack | Ditty Bag | Compass | Scout Manual |
| Class B Green T-shirt | Rain Poncho | Pen/Pencil | Paper |
| | Bug net | Merit badge prerequisites | Bug spray |

- All medications must be properly packed/labeled in a Ziploc bag and turned into Health Officer before departure

Keep this part for your reference

Return this part to the Troop

- My son has my permission to accompany Troop 407 on their Campout/Trip.
- I am familiar with the mode of transportation and leadership accompanying the TROOP.
- I understand that reasonable measures will be taken to safeguard the health and safety of my son, and that I will be notified as soon as possible in case of an emergency. In the event of sickness or accident, I authorize the calling in of a doctor and/or the providing of other necessary medical services at my expense.
- I Agree that the leader and/or any adult assisting in supervision and/or transportation of my son in connection with this trip shall not be liable in any way for any injury or illness incurred by my son as a result of his participation in the activities of the TROOP, provided that my son shall receive the same supervision and care while participating in such activities as the other members of the TROOP whose parents are present to provide such supervision and care.

Scout’s Name: _____ Home Address: _____

Signature (parent or guardian): _____ Date: _____

Phone #: _____ Emergency Phone #: _____

Other pertinent information regarding my son:

I can drive/attend: / Number of seats with seatbelts: Driver’s License #:

- Youth Protection training must be completed by all drivers

Cell Phone number: _____