



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

**Campout/Trip Name:** May Patrol Challenge Campout    **Activities:** Cooking – Pioneering – Scout Skills

**Location:** Island Lake State Recreation Area 12950 E Grand River Ave, Brighton, MI 48116  
(810) 229-7067

**Travel Clothing:**    Full Class 'A' Uniform    \_\_\_ Class 'B' Uniform

**Leaving:**    **Date** Friday May. 16    **Time** 6:00 PM    **Place** Novi Civic Center  
**Returning:**   **Date** Sunday May. 18    **Time** 12:00PM    **Place** Home

**Cost:** \$25 per scout

**Accommodations:** Tent

**Registration Deadline:** 5/12/14 -

NOTE: You can confirm attendance via email to [Johnshousehold@gmail.com](mailto:Johnshousehold@gmail.com)

**Contact:** Jeff Johns – 248-931-6933

*- 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: \_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Other pertinent information regarding my son:

\_\_\_\_\_

I can drive/attend: \_\_\_/\_\_\_ Number of seats with seatbelts: \_\_\_ Driver's License #: \_\_\_\_\_

Vehicle Make/Model/Year \_\_\_\_\_

Insurance Policy coverage's - \_\_\_\_\_ - *Youth Protection training must be completed by all drivers*

Cell Phone number: \_\_\_\_\_