***BSA Troop 255 -- Event Permission Slip***

***Please Print and Bring Both Pages to Scout Check-In\****

Event Name: Rendezvous in the D

Event Location: Willow Metropark, New Boston MI

Event Dates: September 20-22, 2024

Points of Contact: Mike Shumar, 586-855-0481 / Bob Marselle, 248-632-2359 / Steve Williamson, 248-678-4199

Uniform / Equipment Required:

* Class A uniform for traveling to and from campsite.
* Appropriate clothing & camping equipment per provided checklist.
* Spending money for snacks and souvenirs.

Special Instructions:

* Meet at St Mary’s back parking lot by 5:00 pm on Friday, 20 Sep for check-in\* and departure.
* Scout pick-up at St Mary’s back parking lot at 1:00 pm on Sunday, 22 Sep.

Indicate payment method of $60 camping fee:

**❒** Check# \_\_\_\_\_\_\_\_\_\_\_ **❒** Cash **❒** Scout Account

I hereby give my permission to BSA Troop 255 and its designated leaders, to have under their guardianship and protection my son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the Scouting event cited above.

**Parent/guardian name & phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian signature: Date:**

**Scout’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Event Name: Rendezvous in the D, Sep 2024**

❒ Check here if medication is needed during the event. ***Medication must be in the original container(s) with Scout’s name attached.*** List information here:

Medication Dosage Interval

1.

2.

3.

❒ Check here if the named Scout has allergies that must be addressed during the cited event. List allergy information and required countermeasures here:

1.

2.

3.

❒ Check here if the named Scout has medical concerns / mobility issues that must be addressed during the cited event. List information here:

1.

2.

3.

❒ Check here if the named Scout has dietary restrictions that must be addressed during the cited event. List information here:

1.

2.

3.