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

***(two pages)***

Event Name: Event Location:

Troop Lock-In St Mary’s Gym

Event Dates: Adult Leaders:

17-18 Jan 2025 Mike Shumar, 586-855-0481

Bob Marselle, 248-632-2359

Mission:

1. To remove, inventory, clean & check for serviceability, and replace all T255’s camping gear stored in its trailer.
2. To provide Introduction to Leadership Skills for Troops (ILST) training to all T255 Scout attendees.
3. Have some fun and break bread with Scouting friends.

Uniform / Equipment Required:

* Work Clothes (warm clothes for parking lot work)
* Work gloves
* Water bottle
* Sleep-wear & personal gear / toiletries for overnight indoor stay
	+ Gymnasium mats are available to sleep on

Special Instructions:

* Drop off Scouts at 6:00 pm on Friday, 17 Jan *having had supper*
* Pick up Scouts at 11:00 am on Saturday, 18 Jan

Notes:

* A snack will be served Friday evening and breakfast will be served Saturday morning.
* This event is free for T255 Scouts and registered adults to attend.

I hereby give my permission to BSA Troop 255 and its designated leaders, to have under their guardianship and protection, my son, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for the period of 17-18 Jan 2025 for the Troop Lock-In.

*I also grant permission for my son to view a Marvel Avengers movie (title TBD), rated PG-13, as part of the event’s leadership agenda.*

**Parent/guardian name**

**and phone number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Event Name: 2025 Troop Lock-In**

❒ 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.