

Troop 208
Tug Hill Adventure 2010
Feb 27-28

My son, _____ (age 14 or older), has my permission to participate in the Tug Hill Campout with Troop 208

My son is taking the following medications (please list)

I give permission to the leaders in charge to administer as prescribed. Yes _____
In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by an adult in charge to arrange proper treatment for my son.

Parent Signature

Phone # where I can be reached during this event

Pediatrician's Name and Phone #

Departure will be from the parking lot at the Methodist Church @ 7am on Feb 27.
Return will to Potter Park on Sunday mid afternoon. (unless otherwise specified before departure)

Cost per person will be \$30 cash or check or taken from the scouts account.

Event Coordinator:
Mr . Steltmann & Mr Henderson

Any Parent with questions about their scouts packing list/gear status for winter camping is encouraged to ask one of us or another adult leader for assistance. Properly prepared, any scout in the troop will have a wonderful time.

___ My son needs a ride

___ I can transport _____ Scouts

___ I will also be attending along with my son

___ I have verified that the medical forms on file with the troop are up-to-date (Contact Mrs Steltmann)