

B.S.A. Troop 42 – January 19-21 Troop Campout Activity Permission Slip

DATES: **January 19-21, 2018**
DROP-OFF LOCATION: Dundee Presbyterian Church @ 5:45 pm
5312 Underwood Ave, Omaha, NE 68132

OUTING LOCATION: Klondike Derby
Little Sioux Scout Ranch
32977 Larpenteur Memorial Rd,
Little Sioux, IA 515454

EVENT DETAILS:

SCOUT DROP-OFF (Friday 1/19): 5:45 pm @ Dundee Presbyterian Church
DEPARTURE (Friday 1/19): 6:00 pm @ Dundee Presbyterian Church
RETURN (Sunday 1/21): 10:00 am (estimate) @ 50th & Webster lot, Dundee

SCOUT FEE: **\$20.00** (includes activity fees and food)
\$25.00 (if paid after 12/31/17)
ADULT FEE: **\$10.00** (includes adult patrol food)

Permission form and fee DUE DATE: **January 8, 2018**
{ Keep top portion for your records }

Return bottom portion with payment to **Lolita Schumacher**(Treasurer)
Address: 683 Dillon Drive Email: dgsschumacher@unomaha.edu Phone: (402) 553-5631

I give my son(s) _____ permission to attend the Scout campout planned for

January 19, 2018 @ Little Sioux Scout Ranch Klondike Derby

I agree to immediately come to the activity to pick up my son, if requested by the troop leader in charge.
My home phone is _____. If not at home, I may be contacted by calling on
my alternate phone number(s) _____.

If he has a **medical condition** that the adult leaders should be aware of, I list this on the reverse side of
this permission slip.

If he requires **medication**, I will list it and the dosage instructions on the reverse side of this permission
slip, and give it to the troop leader, who will then administer the medication as required.

If the adult has a medical condition that the adult leaders should be aware of, I will list this on the reverse
side of this permission slip.

Number of Scouts Attending: _____ Name(s): _____

Number of Adults Attending: _____ Name(s): _____

{Signature of parent or guardian} DATE: _____

PAYMENT METHOD

NAME: _____ AMOUNT: \$ _____

- Withdraw from individual Scout Account
- Check enclosed
- Cash enclosed