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

Fill Out and Print Both Pages

**Event Name and Dates: Event Location:**

**Camp Agawam Campout, 17-19 May 2024 1301 Clarkston Rd**

**Lake Orion, MI 48362**

**Point of Contact:**

**Mike Shumar, 586-855-0481**

**Uniform / Equipment Required:**

* **Class A shirt, must be worn while traveling to and from camp site**
* **Camping gear per provided checklist**

**Special Instructions:**

* **Drop-off Scouts at** **St Mary’s east parking lot by 5:00 pm, Friday 17 May**
* **Pick-up Scouts at St Mary’s east parking lot at 1:00 pm, Sunday 19 May**

Indicate payment method of $35 per person:

**❒** 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 period of 17-19 May 2024 for the Camp Agawam Campout.

***❒ Check here if the named Scout requires medication, has allergies, has medical concerns / mobility issues or if dietary restrictions must be met during this event. List related information on the back of this form (print two-sided form).***

***Important Note: Medication must be in original container.***

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

**Parent / guardian phone number: Date:**

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

❒ Check here if **medication** is needed during the event. 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. \_\_\_\_\_