

**Boy Scout Troop 171
Chimney Park Scout Ranch, WY
Campout Permission Slip
(Fri., Jan 6 to Sun., Jan 8, 2012)**



Permission Slip Due:
Monday, January 2, 2012
- Delivered to meeting or
- Scan and E-Mail or
- FAX (952.658.2398)

Scout _____ has my permission to attend the Chimney Park on Fri., Jan 6 to Sun., Jan 8, 2012. In granting this permission, I (we) waive all claims against Boy Scout troop 171, the Boy Scouts of America, or any of its leaders for any injury or illness my son may sustain during this outing. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the adult leader in charge to hospitalize, to secure proper anesthesia, or to order appropriate injection or surgery for my son.

If I am involved in transporting Scouts on this outing, I will make sure that seat belts are provided for each passenger and driver. I also represent that the vehicle I will drive has adequate insurance coverage. (BSA requires \$50,000/100,000 liability, \$50,000 property damage).

Parent's Signature: _____ **Date:** _____
Cell Number where you can be reached in case of emergency or pickup on Sunday morning: _____

SCOUTS: Please remember that if you must cancel for ANY reason, you must notify the **Scoutmaster**, the **transportation chairman**, and your patrol leader. If food has already been purchased or other costs have been incurred, you will still be billed for your share.

BE RESPONSIBLE - PLEASE ATTEND THE TRIP IF YOU SIGN UP!

Parent Camping – will you be camping with the troop for this event? **YES** **NO**
Note: adults are only covered by BSA insurance if they are registered in Scouting. See Judy for details.

Important Medical, Allergy Information and Authorization of Over-the-Counter Medications:
• Life Threatening Allergies: _____ or none: _____
• Authorization to Administer: [Y N] Tylenol or generic equivalent [Y N] Ibuprofen [Y N] Benadryl or generic
[Y N] Imodium AD or generic [Y N] Pepto-Bismol or generic [Y N] Other _____
• Prescriptions to be administered on Trip: _____
Immunizations (Y or N) _____ Tetanus [DTP or TD] ** Current immunization required for Scouts and adults on extended trips. This is especially important for extended backcountry adventures where help is not immediately available.

I can drive **FRIDAY** evening (5:30 PM) _____
I can drive to **PICKUP SUNDAY** (8:00 AM) _____
I am unable to drive on this trip _____

**Due to the driving distance
drivers should plan on camping with
the troop.**

Type of vehicle: _____ Cell Number: _____ **Drivers will receive
confirmation from
the transportation
chairman.**
Number of passengers: _____ Backpacks: _____
The Troop will contact you before the trip to confirm that you are still planning to
to drive. Please let us know the best time and way to contact you:
Time: _____ Phone number: _____ e-mail address: _____

SPECIAL DRIVING/DEPARTURE INFORMATION FOR Mike or Julie: _____

WHAT: Pre-Klondike Campout - WINTER CONDITIONS **WHEN:** Fri., Jan 6 to Sun., Jan 8, 2012.
LEAVE: Friday, January 6 at 5:30 PM. ← **FRIDAY DEPARTURE DUE TO DRIVING DISTANCE**
RETURN: Early Sunday afternoon (Scouts will call).
COST: Patrol Food and Gas
DRIVERS INFO: Go north to Laramie, WY. Go west 33 miles on highway 230. Full driving info and map is located at
<http://www.longspeakbsa.org/camps/ChimneyPark/>.
FOOD: Patrol cooking on troop stoves - breakfast, dinner, breakfast and sack lunch for Saturday
GEAR: Please follow the Winter Camping Checklist - Be Prepared for SNOW!
TRANSPORTATION: Mike or Julie (transport@bsa171.org or FAX 952.658.2398)
SPECIAL DRIVING INFORMATION: We are leaving Friday at the request of the Scouts. They want more time at this location. If the weather or highway conditions in Wyoming are not safe, we will change our departure to Saturday morning. Any changes will be send out via email during the day on Friday.
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