

PERMISSION SLIP | PACKING LIST | OUTING AND MEDICAL INFORMATION



Troop260.home.mindspring.com

Event / Activity: _____ Date(s): _____
 Location: _____ Phone: () _____ Fee (\$): _____
 Assemble at: _____ Date: _____ Time: _____
 Return at approximately: _____ a.m. p.m. at location: _____

You will be called to pick your scout up if necessary. Ask before we leave.
 Every scout must bring his fee and a signed permission slip (bottom of sheet) at departure time.

Contacts

Adult Activity Leader
 Phone

Adult Activity Leader
 Phone

Troop Emergency Contact
 Phone

Scout Planner
 Phone

Senior Patrol Leader
 Phone

Basic Weather Gear

- bandana/handkerchief
- change of clothing (complete set)
- change of socks (wool or sweat)
- full uniform
- hiking boots/comfortable walking shoes
- jacket (windbreaker)
- poncho/raincoat
- sunglasses
- sweater/sweatshirt
- swimsuit
- troop t-shirt
- visor cap/hat

Cold Weather Gear

- boots
- change of clothing (2nd complete set)
- heavy jacket
- knit stocking cap
- long johns
- warm gloves

Warm Weather Gear

- broad brimmed hat
- sh orts
- towel (extra)
- water (_____ extra quarts filled)

Hiking Gear

- backpack
- day pack

Sleeping Gear

- ground cover
- ground pad/thermal pad
- sleeping bag
- tent

Equipment

- flashlight (w/fresh batteries)
- garbage bags _____
- matches
- mess kit
- pocketknife (Totn' Chip)

Nourishment

- hard candy
- water (____ quarts filled)

First Aid

- first aid kit
- insect repellant
- mole skin
- sun block
- toilet kit (including soap)

Miscellaneous

- dufflebag or soft
- suitcase
- notepad/paper & pen/pencil
- scout handbook
- toilet paper in plastic bag
- other _____
- other _____

Cooking will be on a _____ basis.
 Scout must supply _____ (#) cold meal(s) / lunch(s).



PERMISSION SLIP AND LIABILITY RELEASE, EXCEPT AS COVERED BY TROOP INSURANCE

_____ is granted permission to go on a scout activity at _____
 on _____, and I authorize medical or surgical treatment in the event of an emergency illness or accident.

CURRENT MEDICAL INFORMATION

Current Allergies / Medications: _____
 Brief Medical History (broken bones, sleepwalking, altitude / motion sickness, disabilities, diabetes, etc.): _____

 Family Medical Insurance Company / Policy Number: _____
 Family Doctor / Phone: _____

AUTHORIZING SIGNATURE / RELATIONSHIP / EMERGENCY CONTACT

My son may be picked up/returned home by: _____
 Signature/Phone: _____ () _____ Legal relationship to above-named scout: _____

MANDATORY EMERGENCY NUMBER: ()

NO SLIP >>>>> NO TRIP!