

TROOP 174 ACTIVITY CONSENT AND INFORMATION

ALPINE CAMPOUT

FEBRUARY 26-28, 2016

CAMPING COST = \$15 PER PERSON. COST OF FOOD: TBD

Transportation to and from Alpine Scout Camp is the sole responsibility of the Scout / Scout's family. **DINNER** should be eaten at home prior to arriving at event.

INFORMED CONSENT AGREEMENT: TROOP 174

I understand that participation in the Alpine Campout offered through Troop 174, Suffolk County Council, Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and have given _____, my son consent to participate in above noted activity on Date: Feb 26-28, 2016

Allergies: (food/medications) _____

Current Medical / Special Needs Issues: _____

Medications Scout will self-administer while on the above named activity (medications should be in original container with clear instructions and/or Doctor's instructions):

AS PARENT/LEGAL GUARDIAN FOR THE ABOVE NAMED SCOUT, By signing below I agree to:

- To the best of my knowledge the above medical information is true and correct and any special needs my scout has or potentially may have on this event have been fully discussed with the event leaders and agreement of action has been reached
- I give permission for my son to attend and participate in all activities associated with the above event
- I understand that unless specifically noted parents are responsible for transport to and from the event
- I accept financial responsibility for the cost of the above event and fully understand that total payment must be received by Troop 174 prior to the event. Refunds are not guaranteed for cancellations.
- I give permission to Troop 174 Adult Leaders to administer and/or seek out emergency medical treatment should the need arise
- I accept that in the event my son must leave an event for any reason (including if requested by Troop 174 leaders), I will be responsible for immediate pickup of my son at the event.
- I understand that any equipment sent home with my scout from this event will become my responsibility to assure it is returned the week following the event in clean/repared and storable condition. If equipment is not returned acceptably within 3 weeks of the event I will be financially responsible for its replacement.

_____ Name (Please Print)

_____ Signature

_____ Date

_____ Emergency contact phone