

**TROOP 280**  
**PERMISSION SLIP AND MEDICAL FORM**

**Activity/Outing: New Scout Investiture**                      **Date(s) May 15-17, 2009**

**This is a BSA Event**  
Medical Forms are required for all attendees

This will be a two-night tent campout at Camp Manatoc – Peninsula, OH.

**Meet:**        **6:30 PM Friday, May 15 at Mentor United Methodist Church**

**Leave:**        **7:00 PM**

**Return:**     **Approx. 10:00 AM Sunday, May 17 at Mentor K-Mart parking lot**

**Cost:**        **\$20.00 per person**

**DO NOT OVERPACK.**

**Required Gear:**     **Class ‘A’ uniform**  
                             **Normal “Tent Camp” Gear**  
                             **Camp Chair**  
                             **Hiking Boots, Rain Gear, Mess Kit**  
                             **Scout Book, First Aid Kit**

**Optional Gear:**     **A few \$ dollars to spend if the trading post is open.**

**Program:**        **Demonstrate and instruct new scouts the basic scout skills so that they can earn their Scout Badge. Saturday afternoon we will set-up and practice for the New Scout Investiture Ceremony. The ceremony will begin at dark. Parents are encouraged to attend Saturday evening’s ceremony.**

This will be a “troop cook” campout.

**Itinerary:**

We will meet at the church about 6:30 PM Friday evening. Arrive at Camp Manatoc and set-up tents. We expect to return Sunday morning about 10:00 – 10:30 AM.

**PLEASE PROVIDE CONTACT NUMBERS FOR SUNDAY MORNING PICK-UP.**

**Directions:**

Address: 1075 Truxell Road, Peninsula, OH 44264

Go to our web site [www.mentortroop280.com](http://www.mentortroop280.com) for map and directions.

**Contacts:**

Camp Manatoc: 330-657-2592

# TROOP 280

## PERMISSION SLIP AND MEDICAL FORM

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Telephone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE NUMBER FOR PICK-UP \_\_\_\_\_

**USE MEDICAL FORM ON FILE** Yes  No   
**IF NO FORM IS ON FILE OR CHANGES IN HEALTH EXIST, PLEASE COMPLETE BELOW**

Check all items that apply, past or present, to your health history. Explain any "Yes" answers.

Allergies: Food, Medicines, Insects, Plants, Animals, etc. Yes  No

Explain: \_\_\_\_\_  
 \_\_\_\_\_

General Information	Yes	No		Yes	No		Yes	No
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>			

List any medications to be taken at camp:  
 \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games:  
 \_\_\_\_\_  
 \_\_\_\_\_

List any equipment needed such as wheelchairs, braces, glasses, contact lenses, etc.:  
 \_\_\_\_\_  
 \_\_\_\_\_

Immunizations (Give date of last inoculation):  
 Tetanus toxoid \_\_\_\_\_ Pertussis \_\_\_\_\_ Mumps \_\_\_\_\_ Polio \_\_\_\_\_  
 Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_

**Name of Personal Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Personal health/accident insurance carrier** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Parent Authorization:**  
 This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgement of medical personnel dictates.  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_