

Troop 880 April 2019 Campout.

April 12th - 14th 2019

Location Deer Lake Scout Reservation ,
Killingworth CT

- This form must be completed and returned before April 8th
- Scout _____ has my permission to attend the Deer Lake located in Killingworth CT
- Emergency medical treatment is authorized in case parents cannot be contacted. Phone numbers where parents may be reached in an emergency during the trip. (____)-_____
_____.
- We will be meeting at church at 5:30 pm, April 12th and returning about 10:00 am on April 14th.
- This trip is Patrol Cooking.
- Will Scout be bringing any medications or inhalers?
Yes ____ No _____
- Is the scout allergic to any foods or insect bites?
Yes ____ No _____ if yes, please explain.

- Please provide name of medications / inhalers _____.
All medications need to be in original container and handed to Scout leader by parent.
- _____ I can drive _____ I have room for _____
- _____ I will be attending as an adult leader
- Cost: \$ 20.00 per person.
- Name of Parent _____
- Signature _____ date _____
- Hand in or mail to Mr. Maneeley 326 Quarry Brook Drive South Windsor, CT 06074