

Troop 880 Camp Johnson 2019 Campout.
January 17th - 19th
Located in Bolton, CT.

- This form must be completed and returned before Jan 11th
 - Scout _____ has my permission to attend the Camp Johnson Campout located in Bolton, CT.
 - Emergency medical treatment is authorized in case parents can't 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, Jan 17th and returning about 9:30 am on Jan 19th.
 - This trip is Patrol Cooking. Saturday, breakfast, lunch, dinner and breakfast for Sunday.
 - 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.
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- 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: \$ 10.00 per person.
 - Name of Parent _____
 - Signature _____ date _____
 - Hand in or mail to Mr. Maneeley 326 Quarry Brook Drive South Windsor, CT 06074