



Appalachian Trail Hike & Camp Event Reminder

Date: Dec 10 - 12

Location: Appalachian Trail, Hamburg, PA 19526

Time/Place of Departure: St. Mary's, 6:30 AM, Saturday, Dec 11th

Time/Place of Return: St. Mary's, 3:00 PM, Sunday, Dec 12th

Contact Information; Eric Lande (cell) 215.208.7952

Return this Portion

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PERMISSION SLIP

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As the parent or legal guardian of _____, I hereby give my permission for him/her to participate in an outing with Troop 52.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Medications; _____

When to administer; _____

In case of emergency, I can be reached by phone at _____

or _____. If I cannot be reached, please contact

_____ at _____.

Signed: _____ Date: _____

(Parent or Guardian)