



# Nashua Valley Council – Troop 26

## 2008 Cross Over Campout



On **Friday, April 4, 2008**, Troop 26 will travel to Camp Wanocksett in Jaffrey, NH to attend Troop 26's Annual Cross Over Campout. **The activities during this weekend are focused on completing requirements up to and including First Class** with the concentration being on getting all our new Scouts established on their trail to Eagle. **Deadline for registration of this campout is Tuesday, March 18<sup>th</sup>**. *This is a required outing for all Patrol Leaders (including assistants), Senior Patrol Leader (including assistants), Chaplain's Aide, and Troop Guides.*

We will depart from Mr. St. Onge's house on **Friday, April 4<sup>th</sup> at 6:00 PM** and return **Sunday, April 6<sup>th</sup> about 10:00 AM** to Mr. St. Onge's house. **Brown bag dinner for Friday night**. This is a cabin campout, so pack accordingly. There is no cost for this campout. The Scouts will be doing Patrol style cooking under the guidance of the leaders. The adults attending will be responsible for the menu planning and food.

----- **Return lower portion** -----

I, \_\_\_\_\_, give my son, \_\_\_\_\_, permission to go with Troop 26 of Pepperell, MA to the Camp Wanocksett Cross over campout, leaving at 6:00 PM on Friday, April 4<sup>th</sup>, from David St. Onge's house and returning Sunday, April 6<sup>th</sup> at approximately 10:00 AM. I will update the Scoutmaster's staff of any and all health information and medication (see below). I am aware that my personal insurance is the primary policy in case of any accident. Unit insurance is secondary.

Furthermore, my son has permission to ride in a private vehicle and/or public transportation including bus, ferry, subway, or railroad if that is the method of transportation. In addition, the health history that I have provided to the leaders of Troop 26, Pepperell is correct so far as I know, and all persons herein described have permission to engage in all prescribed activities except as noted by me (the parent/guardian). **In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates. This includes, but is not limited to any emergency medical treatment and/or anesthesia that may be required.**

My son requires the following medicine: \_\_\_\_\_ to be administered (how often) \_\_\_\_\_.

**The Unit Leader is required to carry all medication with the exception of asthma inhalers and Epi pens.**

He is allergic to the following: \_\_\_\_\_.

I have read this form and understand what my son and I are responsible for in order to make this activity a successful experience.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Phone number(s) where you can be reached during the activity:** \_\_\_\_\_

**Emergency contact name and phone number(s) in the event you cannot be reached:**

**Name:** \_\_\_\_\_ **Ph. No.** \_\_\_\_\_

We need adults – will you **Attend** the event: YES NO

We need drivers – will you **Drive to** the event: YES NO

*If you will transport scouts, please provide the following information. If you have previously provided the information, indicate changes.*

Year, make and model of vehicle:	
Number of seat belts:	
Vehicle owner's name:	
Driver's <b>license</b> number (not plate #):	

I am up to date on my Can Duty. YES NO

Signature of **Scout** \_\_\_\_\_ Date \_\_\_\_\_

Signature of **Mr Dalton** \_\_\_\_\_ Date \_\_\_\_\_

