

# BSA Troop 412 Activity Permission Slip



## Wilderness Survival Campout

**Bromelsick Site, west of Lawrence**

**Campmaster:** Patrick Wilcox (cell) 913-235-0353  
(home) 913-390-8117  
pwilcox3@comcast.net

### Departure: Friday, Sept 16, 2011

Meet at 5:30pm in OCC parking lot  
Depart at 6:00pm from OCC in Class B  
Eat dinner prior or bring one along  
Map: [1115 S Ridgeview, Olathe KS 66062](#)

### Return: Saturday, Sept 18, 2011

Approximately 12:00 pm  
OCC Parking Lot

### Transportation:

Parents need to drop off and pick up at OCC.  
Drivers attending the campout will get maps

### Fees:

\$14 per person

### What to bring:

- Use Weekend Campout Packing List on Troop 412 website (be sure to have a sleeping bag/pad!)
- **Personal Survival 'kit', and a trail lunch for Saturday (packable, not refrigerated)**

### Activities:

Sleep under shelter Fri night  
Safety and Process Briefing Sat am  
Wilderness Survival situations  
Cook dinner 'in the field' Sat night  
Debrief/review on Sun morning

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## Parent/Guardian Permission & Release Form: (2011 Sept Campout)

I hereby give my consent and permission for my son(s), \_\_\_\_\_, to attend the Troop 412 Wilderness Survival Campout on Sept 16-18, 2011. I agree to hold harmless Troop 412 leaders, troop committee members, and the Olathe Christian Church for any accident or injury which might occur while attending this activity.

My son(s) will need medication:    \_\_\_ yes    \_\_\_ no    Bring in original container, in baggie with card of info.  
My son(s) is departing with the troop:    \_\_\_ yes    \_\_\_ no    If no, when will they arrive? \_\_\_\_\_  
My son(s) is returning with the troop:    \_\_\_ yes    \_\_\_ no    If no, when will they leave? \_\_\_\_\_  
My son(s) will stay in camp the entire time: \_\_\_ yes    \_\_\_ no    If leaving and coming back, please indicate when they will arrive and return: \_\_\_\_\_

Names of Scouter(s): \_\_\_\_\_ Seatbelt # (if driving) \_\_\_\_\_

Note: Only drivers transporting scouts/scouters other than their own son(s) will receive the gas reimbursement.

Phone numbers where I can be reached: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please list someone NOT going on the campout and someone we can contact to pick up your son should we be unable to reach you.)

Other information we should know or areas of concern:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_