

**TROOP 100 B.S.A. \* ST. JOSEPH CATHOLIC CHURCH \* COLUMBIA, SC**

- Campout
- Camporee
- Hike
- Service Project
- Other

*DETAILS*

Location: **Ft. Jackson, Columbia, SC**  
Meet at: **6:00 PM, Friday, May 16, 2008 at the Scout Hut.**  
Depart at: **6:15 PM**  
Return at: **9:00 AM Sunday, May 18, 2008 at Long's Drugs.**  
*Please be in the Parking Lot to pick up your son at that time.*

**EQUIPMENT**

- A. *Sack Dinner or Eat before You Arrive*
- B. *Sleeping Bag, Pad and Clothing*
- C. Canteen or water bottle
- D. Personal Items
- E. *Money for Souvenirs and snacks*
- F. Scout Book, Paper & Pen or Pencil
- F. A Good Attitude

**All Meals will be provided**

- 0** Scout
- 0** Patrol
- 0 Breakfast
- 0 Lunch
- 0 Dinner
- 0** Troop

\*\*\* **SPECIAL INSTRUCTIONS** \*\*\*

*We will be taking part in the Celebrate Freedom Foundation's Air & Ground Show*

**KEEP TOP SECTION AT HOME AND RETURN BOTTOM SECTION TO SCOUTMASTER**

**Return signed and completed permission slip at time of drop off.**

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**PERMISSION SLIP**

I, the undersigned parent (or guardian) do hereby authorize my scout son to participate in the activities described i.e.,

**Ft. Jackson, Columbia, SC -- May 16-18, 2008.**

He may attend the Troop 100 activity, and I assume all liabilities in case of accident, injury or other acts by my son, during the activity and in travel to and from the site. I will not hold the Boy Scouts of America, BSA Troop 100, its leaders or its sponsors liable.

My son is in good physical condition at present and has had no serious illness or operations since his last health examination. I shall make sure that he does not attend if he is not feeling well. I will not hold the Scout Leaders responsible for any unforeseen accident, since I understand that every precaution for his health and safety is being met. Listed here are any medications he must take or a description of any special conditions the Scout Leaders should be made aware of:

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I, the undersigned parent (or guardian) do hereby authorize and request that the Adult Scout Leaders in charge of my son seek immediate attention of a physician/hospital in emergencies requiring such medical attention. I hereby give permission to the physician/hospital selected by the Leader in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son.

Scout's Name \_\_\_\_\_

Parent (or Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

Numbers you may be reached at during outing \_\_\_\_\_

Contact if parent (or guardian) unavailable \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_