

# Troop 62 Permission/Summer Camp Instructions & Forms Checklist

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

This form should accompany the documents below as a cover sheet.

Your cooperation would be appreciated.

All of these forms are available on the Troop website.

If your scout is attending summer camp, the deadline for submitting forms is June 30th.

	Y	N
<b>1 Troop 62 Trip Permission Slip</b>	<input type="checkbox"/>	
Must have this form for all Scouts - Updated copy annually in the Spring.		
Signed by Parent or Guardian	<input type="checkbox"/>	
Dated - current	<input type="checkbox"/>	
<b>2 BSA Annual Health &amp; Medical Form Record</b> (check no if not attending)	<input type="checkbox"/>	<input type="checkbox"/>
Any Scout going to Summer Camp must have an updated form, dated no less than 12 months before the end date of the camp session.		
Web Link to the form: <a href="http://www.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf">http://www.scouting.org/filestore/HealthSafety/pdf/680-001_ABC.pdf</a>		
If you use the link you can type in most of the information. This makes the form more legible. You can also save a copy of it in a pdf file format.		
<b>All</b> information on the form must be completed if applicable. Do not write "SEE ATTACHED FORM" (except for immunizations).		
Part A - Consent, Release Agreement, & Authorization		
Name & DOB	<input type="checkbox"/>	
Scout Signature	<input type="checkbox"/>	
Parent/Guardian Signature	<input type="checkbox"/>	
Dated - current	<input type="checkbox"/>	
Part B - (2 pages) Make sure <b>all health history</b> is completely filled in.		
Name & DOB	<input type="checkbox"/>	
Other information, address, phone, etc.	<input type="checkbox"/>	
Unit Leader: <u>Leave blank</u>	<input type="checkbox"/>	
Council Name: <u>Connecticut Rivers</u>	<input type="checkbox"/>	
Unit No: <u>Troop 62</u>	<input type="checkbox"/>	
Insurance card copies - front and back	<input type="checkbox"/>	
Place both front & back copies on <b>one 8 1/2 x 11 page</b>		
Emergency contact information	<input type="checkbox"/>	
List any allergies/medications	<input type="checkbox"/>	
Immunizations - <i>you may attach record from doctor</i>	<input type="checkbox"/>	
Transportation authorization - other than a scout leader.	<input type="checkbox"/>	

Part C - To be completed by Physician.

Name & DOB

Must have signature of healthcare provider  
and Date - *less than one year from camp date*

  
  

3 **BSA Camp Emergency Medical Plan** (check "N" if form is not needed)

Any Scout who brings medication to camp or any event that may need to be administered in an emergency situation, such as allergic reactions or asthma, must have this form completed. **Otherwise, do not submit this form.**

Must have Parent/guardian signature & date

Must have Physician Signature & date.

  

**Two copies of all forms must be submitted to the Troop. We need one for the camp and one for the Troop records. If only one copy is received the forms will returned to you for an additional copy.**

**Please make an extra copy for yourself, just in case.**

**2 copies of all applicable forms are attached.**

**Submit only one copy of this signed checklist.**

Signature \_\_\_\_\_  
Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_