Each Troop Leader MUST HAVE a completed and signed permission slip for each scout and Adult Chaperone participating in the Scouting Retreat. In addition, each Troop Leader MUST BRING these permission slips with them to the retreat.

**DIOCESE OF MANCHESTER – PERMISSION SLIP**

40th ANNUAL HIGH ADVENTURE SCOUT RETREAT!!!

At Camp Fatima, 32 Fatima Rd., Gilmanton Iron Works NH 03837

Our Websites: [www.catholicnh.org](http://www.catholicnh.org) and [www.facebook.com/nhscoutretreat](http://www.facebook.com/nhscoutretreat)

For Information: nhcatholicscouting@gmail.com

**ACTIVITY:** Retreat includes High Ropes Challenge and a Climbing Wall as well as camping, scouting and religious activities

**DATE OF ACTIVITY AT CAMP FATIMA:**

Arrival time: Friday September 18, 2020, 6-8pm

Departure Time: Sunday, September 20, 2020, 11:30am

DEPARTURE TIME:_________________ PLANNED RETURN TIME:_________________

TRANSPORTATION BY: ____ BUS____ PERSONAL CAR (Employee/Volunteer Driver)

NAME OF MINOR CHILD/WARD:________________________________________

Please allow my child/ward to participate in the activity listed above. My child/ward is physically fit and capable of taking part in this activity.

I agree to have my child transported via ambulance and/or treated for emergency medical or dental problems if an emergency arises. I accept full responsibility for all medical expenses incurred as a result of my child/ward’s participation in this program.

On the lines below I have listed any medical condition, physical disability, allergy to medicine, etc. which is relevant to rendering medical care to my child if s/he needs emergency medical care:

__________________________________________________________

I understand that photographs of my child may be taken & used for publicity, newspaper articles, and/or on the Catholic Scouting section of the Diocese of Manchester website and social media pages.

During this activity, I can be reached at this phone number(s):______________________________

Signed this __________ day of ______________________, 2020.

Parent/Guardian Name (print)         Parent/Guardian (Signature)

**For Adult Chaperones**

I voluntarily agree to assist in the above activity. I give permission to be transported via ambulance if a medical emergency should arise. I accept full responsibility for all medical/dental expenses that my be incurred as a result of my participation in this program.

Signature ___________________________________________ Date __________________________

Permission Slip December 2006