



for all registered Troop 629 members

## Join us at Autrey Mill Nature Preserve for SCOUT DAY!

Scout Day is a wonderful opportunity for both Cub Scouts and Girl Scouts to earn badges and achievements. Participants receive a “passport” that guides them through the various stations set up around the Preserve where they can earn several badges. Activities are designed for Cub Scouts, Daisies, Brownies, and Junior Girl Scouts.

Our task is to help volunteer at various stations throughout the park and help the Cub Scouts and Girl Scouts.

Earn Service Hours for Rank or for your HA Account – or other service organizations if you need hours for them. No double-dipping on hours!

**Date:** Saturday November 13<sup>th</sup> from 9:30am – 2:30pm

*Note: the event runs from 10am – 2pm*

**Where:** Autrey Mill Nature Preserve

9770 Autrey Mill Road, Johns Creek GA 30022

**Cost:** None; also, lunch will be provided for our volunteers

**Wear your class-A uniform and PLEASE bring a water bottle!**

Permission Slip to be turned in PRIOR to the event, by the Monday 11/8 Troop Meeting, so we can organize which stations the scouts will cover.

For more details contact PL, then SPL, then SM

Mr. Sutton at 404-502-7537 or [jason@grubbyboys.com](mailto:jason@grubbyboys.com)

# **TROOP 629, BSA PERMISSION FOR ACTIVITY**

**TROOP 629, BOY SCOUTS OF AMERICA IS PLANNING AN ACTIVITY AND NEEDS A PARENT WRITTEN PERMISSION FOR THEIR SCOUT TO ATTEND. PLEASE FILL OUT THIS FORM AND RETURN WITH PAYMENT FOR ACTIVITY.**

My son \_\_\_\_\_ has my permission to participate in (fill in activity) Autrey Mill Scout Day NOV-2021. He is in good physical condition and has not had any serious illness or operation since his last health (physical) exam, except as noted below:

Special conditions to monitor \_\_\_\_\_ and medications \_\_\_\_\_.

During this activity, I may be reached by: phone \_\_\_\_\_, e-mail \_\_\_\_\_, or cell phone \_\_\_\_\_.

If I cannot be reached in the event of an emergency, the adult Scout Leader in charge is authorized to act on my behalf to hospitalize, secure proper anesthesia, or to order any injection(s) for my son.

*In order to expedite, in the event of any unforeseen emergency the Troop must have the following information (to be kept confidential):*

MEDICAL INSURANCE PROVIDER: \_\_\_\_\_

POLICY OR GROUP NUMBER: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ AND PHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_. WILL PICK UP MY SON FOLLOWING ACTIVITY.

The Scout Oath and Law are our way of life. Every Scout's behavior while on our activity is expected to reflect the Oath and Law in all ways.

I plan to volunteer and be there from: \_\_\_\_\_ to: \_\_\_\_\_

My hours will be used for (select 1): \_\_\_\_\_ Rank \_\_\_\_\_ HA Account \_\_\_\_\_ Other

Scout signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_