

BOY SCOUTS OF AMERICA – TROOP 805

ACTIVITY INFORMATION FORM

Scouting for Food – November 12 & 19, 2016

OSPL: Tyler M.

What: This project is an annual National BSA service project where non-perishable foods are collected for the local food banks. We will go door-to-door with informational flyers requesting donations on Saturday November 12th, and collect and deliver the donations to a central point at the LDS church in Danville on Saturday November 19st. Scouts may choose to participate on either or both days.

This is a great event to **bring a friend** (1st class requirement 10). Scouts will also earn **service hours** for rank advancement.

Since our assigned area is large and spread out ([roughly 1.5 sq. miles with over 1300 houses](#)), **we will need many scouts and drivers** to help on both days. Parents who can drive, please fill out the information especially providing your cell phone number.

**** Donut breakfast will be provided for participating scouts & parent drivers. ****

When: Saturday, Nov 12, 2016, 10AM – 12 noon (Door Hanger Distribution)
Saturday, Nov 19, 2016, 10AM – 12 noon (Donation Collection)

Meet: 190 Woodranch Circle, Danville, CA (Woodranch Club House)

Return: Scouts will be dropped off at home about one-half hour after the event.

Cost: \$0 (no charge)

Uniform: Class A, good walking shoes

Bring: Water

Questions: Michelle Marge, cell: (302) 690-9661, email: michellemarge@gmail.com

Return the permission slips to your Patrol Leader prior to the event.

Patrol Leaders submit the collected slips to the outing folder no later than the Troop meeting on

Tuesday, November 8th.

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Scouting for Food – November 12 & 19, 2016

I hereby give permission for my son, _____, to attend this outing with Boy Scout Troop 805. I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, participants, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

If this activity involves archery or firearms, I hereby give express consent for a qualified range instructor to furnish BSA-approved archery or firearm equipment to the participant for the purpose of instruction in the safe handling and use of such equipment and related activities at designated ranges.

I hereby give permission for the adult leaders to give over-the-counter (OTC) medicines as needed (e.g. Aleve for headache, fever, inflammation, pain; Benadryl for allergic reactions, nasal allergies, hives and itching; Lomotil for diarrhea; etc.) In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. (All reasonable measures will be taken to safeguard the health and safety of the Troop's members.)

Select one or both days:

- Saturday, November 12th (Door Hanger Distribution)
- Saturday, November 19th (Donation Collection)

Name of Parent or Guardian (please print): _____

Signature: _____ **Date:** _____

Home Phone: _____ **Cell Phone:** _____

If I cannot be reached in the event of an emergency, please notify the person named below:

Name: _____ **Cell Phone:** _____

The following information relates to my son:

Physician's Name: _____ **Phone:** _____

Insurance Company: _____ **Policy No:** _____

Allergies or pertinent medical information (incl. Rx & OTC meds): _____

Tour Plan Information

| Drive? (Check if Yes) | Vehicle Year / Make / Model | No. of Passengers | Driver's License / Name / Cell Phone | Auto Insurance (Min.: \$50K/\$100K/\$50K) |
|--------------------------------|--------------------------------|----------------------|--------------------------------------|--|
| <input type="checkbox"/> To: | | | | |
| <input type="checkbox"/> From: | | | | |

(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

WE NEED AT LEAST **THREE MORE ADULTS TO PARTICIPATE TO MEET BSA REQUIREMENTS.**

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| Parents & Leaders: Will you be participating with the troop? Yes: <input type="checkbox"/> Name: _____ |
| Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____ |