

SCOUTS BSA - TROOP 805
PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY
Scout Skills

- What:** 1st Year Scouts Spring Scout Skills
- When:** March 26 - 27th
- Where:** Sugarloaf Open Space, Orchard Group Campsite
2161 Youngs Valley Rd, Walnut Creek, CA 94596
Check in and check out will be in the main parking lot
- Cost:** \$18
- Meet/Depart:** Adults and Troop Guides arrive at Sugarloaf on Saturday at 8:30am
1st Year Scouts arrive at Sugarloaf on Saturday at 9:30am
- Return/Pick-Up:** Pickup at Sugarloaf on Sunday at 10:45am
- Uniform:** Arrive in Class A
- Details:** Bring a sack lunch for Saturday. Patrols will be planning and cooking Saturday dinner and Sunday breakfast. Quartermasters bring Patrol Boxes and Coolers with ice. For those food shopping don't forget to bring your food!
- Questions:** ASMs Brian Monighetti, bmonighetti@gmail.com, 925-719-2415
Andy Szeto, aszeto@gmail.com, 510-301-4717
Ravi Chamarajanagar, cpravindra@gmail.com, 408-348-1864
Paul Lannis, plannus@yahoo.com, 925-822-7896

Return completed permission slip to your Patrol Leader.
Patrol Leaders, submit collected permission slips to the Outing File Box no later than:
03/22/22

Packing List:

Ten Essentials
Backpack
Sleeping Bag

Sleeping Pad
Mess Kit
Other personal camping gear

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Scout Skills

I hereby give permission for my child, _____, to attend this outing with 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 also understand that any social or recreational activity like this outing comes with the risk that participants will be exposed to illnesses or viruses, including but not limited to COVID-19. 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 including the direction of the adult leaders of the activity. I release the Boy Scouts of America, the local council, Troop 805, 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.

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.)

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): _____

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.)

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

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