

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Sycamore School Service Project – Tuesday, April 5, 2016

OSPL – (Needed)

What: *Do A Good Turn Daily!* That's the Boy Scout Slogan. We have a wonderful opportunity to honor our slogan with the upcoming School Service Project at Sycamore Valley Elementary School, home of our weekly troop meetings.

We will be working on two projects during the Spring Break in the schoolyard area and around the school. The projects are:

- Repaint the US map and Updating below the Map.
- Remove Staples from walls and areas on campus where posters were previously hung.

When: Tuesday, April 5, 2016 (Spring Break Week)
9 AM – 2 PM. Pizza lunch will be provided.

Where: Sycamore Valley Elementary School – Troop Meeting Location

Logistics: Scouts should be dropped off and picked up at Sycamore Valley School

Uniforms: Wear working cloths, no BSA uniform.

Details: For the painting project we will have a supply of paint, brushes, drip cloth and masking tape.

For the removing staples bring safety goggles. Staple removers will be provided. Bring a Hat, Sunscreen and a Water Bottle.

We would love to have *every scout* participate in this project even if you can only serve for a period of 1 – 2 hours.

*Please indicate the expected Arrival & Departure time in the signup box.

Questions: Mr. Ghatta, phone: (510) 505-7070 or email: joe.ghatta@gmail.com

Return the permission slips to your Patrol Leader.

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

Tuesday, March 29

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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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 and/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.)

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): _____

Project	Adult Name (need 2)	Scout Name	* Arrival / Departure Time: From – To (eg. 9AM – 1PM)
Repaint US Map & Remove Staples			