

**BOY SCOUTS OF AMERICA
TROOP 805**

PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

Portola Redwood State Park May 13th – 15th 2016

OSPL - TBD

What: We are in for a treat. Portola Redwoods State Park is on a ridgetop that drops down into a deeply shaded redwood forest. There are beautiful tall redwood trees, thick ferns, waterfalls, and great hiking trails along the Pescadero creek. We will be camping Friday night to Sunday. The campsite is a small hike from the cars – we will be doing a moderate hike (Slate Creek Trail) on Saturday – this hike will take us through the redwoods to the Page Mill site. This is opened to all scouts – it's a great weekend to enjoy the beauty of coastal California!



When: Friday through Sunday, May 13th- 15th, 2016

Where: Portola Redwood State Park 9000 Portola State Park Road, La Honda, CA 94020

Cost: \$40 (to cover campsite and driver reimbursement)

Meet: 5:00 pm Friday on May 13th at Sycamore Park and Ride

Pick up: 2:00 p.m. Sunday at Sycamore Park and Ride

Other Details: Arrive in Class A uniform. Bring a bag DINNER for Friday and plan Saturday BREAKFAST, LUNCH and DINNER, and Sunday BREAKFAST as a patrol. Don't forget to bring your 10 essentials for a campout, a mess kit and plenty of scout spirit. **NOTE: If you are doing the cooking MB, please make sure you talk with your counselor ASAP. You must have an approved menu before attending this outing. All 1st class and 2nd class cooking menus must be approved by me.**

Questions: Ray Chan ray4scouting@gmail.com or 925-548-6179

Return the permission slips and checks to your Patrol Leader.

*Patrol Leaders submit the collected slips, money to the outing folder no later than the Troop Meeting on
Tuesday, May 10th*

➔➔➔➔➔ Portola Redwood State Park – May 13 - 15, 2016 ←←←←←

BOY SCOUTS OF AMERICA - TROOP 805
INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

Portola Redwood State Park May 13-15, 2016 (Sponsored by the Cobras)

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.)

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) |
|---------------------------------------|---------------------------------------|------------------------------------|---|---|
| To: <input type="checkbox"/> | | | | |
| From: <input type="checkbox"/> | | | | |

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

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