

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Kiwanis Service Project – Saturday, March 4, 2017

- What:** Helping the Kiwanis, our troop sponsor, with putting on a breakfast for counselors for the annual middle school Youth 2 Youth conference
- When:** 6:30 a.m. – 8:30/9:00 a.m., Saturday, March 4, 2016.
- Where:** Castro Valley High School
19400 Santa Maria Ave, Castro Valley
- Logistics:** Scouts should be dropped off and picked up at Castro Valley HS
- Uniforms:** Wear Class A uniforms
- Meet:** Parking lot Castro Valley High School
- Details:** Kiwanis will provide food to be served and necessary supplies
Project will involve setting up a breakfast for conference counselors,
serving the food and finally cleaning up after breakfast
Breakfast will be available for scouts too
- Restriction:** Outing is for first 6-8 scouts who sign up and will earn service hours
- Questions:** Mr. Matsunaga, phone: (925) 838-1617 or email: nkmats@aol.com
ASM's for day of the outing will be Mr. Matsunaga and Mr. Carstensen

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, February 28*

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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.

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): _____