

**BOY SCOUTS OF AMERICA  
TROOP 805**

PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

**Scout Skill Weekend March 27-29, 2015**

**Sponsored by the Wolverines**

**What:** An overnight camping trip & Scout Skill Weekend at nearby Sugarloaf Open Space. Skills will include Firem'n Chit, Totin' Chip, and a variety of other camping skills (e.g. Cooking, First Aid, Fire Building, Leadership Training, Compass and Pioneering).

**When:** Friday through Sunday, March 27-29, 2015  
**(New first year scouts, Sat-Sun only)**

**Where:** Sugarloaf Open Area, 2161 Youngs Valley Road (off Rudgear Road), Walnut Creek

**Cost:** \$25 (to cover supplies & site reservation)

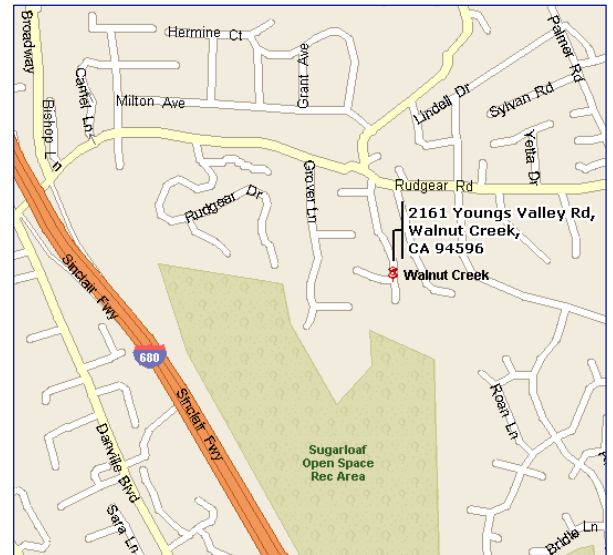
**Meet:** \*5 pm Friday on March 27<sup>th</sup> at Sugarloaf Open Area  
**(\*New first year scouts will meet at 9 am Saturday, March 28<sup>th</sup> at Sugarloaf Open Area).**

**Pick up:** 11:30 pm, March 29<sup>th</sup> at Sugarloaf Open Area

**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 **(New first year scouts bring a bag LUNCH for Saturday and plan Sunday BREAKFAST as a Patrol. Foil DINNER Saturday will be supplied by the Troop).**

Don't forget to bring your 10 essentials for a campout, a mess kit and plenty of scout spirit.

**Questions:** John Marshall johnmarshall1970@gmail.com or 925-200-3715  
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, March 17th***

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

**Scout Skills Weekend March 27-29, 2015 (Sponsored by the Wolverines)**

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**

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

**Youth Protection Trained? Yes:  YP expiration date:** \_\_\_\_\_