

BOY SCOUTS OF AMERICA - TROOP 805
PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

Kiwanis 4th of July Service Projects – July 4th, 2015

What: We will be assisting the Kiwanis (our sponsoring organization) on 3 separate service projects during the July 4th event. The 3 projects include distribution of trash and recycling receptacles along the parade route, walking in the parade carrying banners, and removal of trash and recycling receptacles after the completion of the parade. *Participation will count as Troop outings and for approximately 2 service hours each.*

When: Saturday July 4th, 2015
6:45 AM Distribute trash receptacles along parade route.
9:00 AM Carry banners in the 4th of July parade
11:00 AM After completion of parade, help remove trash receptacles along parade route.

Where: **Dependent on activity -- Instructions will be provided via email.**

Cost: **Free!**

Return: **Dependent on activity -- Instructions will be provided via email.**

Uniforms: **Full Class A**

Other Info: Participating Scouts will earn service time hours. Be sure to bring sunscreen & water. **Adult participation is highly encouraged**, however, only uniformed Scouts and leaders can walk in the parade. Kiwanis also has invited the scouts to attend breakfast before the parade and lunch after the parade at Pete's Brass Rail, 201 Hartz Ave, Danville. Specific details, times and reservation information will be provided on a future email.

Questions: Scott Evans - (408) 828-1547 / captain.scott04@yahoo.com

Return the signed permission slip to your Patrol Leader. Patrol Leaders submit collected slips & checks to the *Outing File Box* no later than the PLC meeting on
Tuesday, 6/30/2015

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

Kiwanis 4th of July Service Projects – July 4th, 2015

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.

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

(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: _____
July 4th Receptacle Drop-off	Scout: <input type="checkbox"/> Adult: <input type="checkbox"/> (Name of adult): _____
July 4th Parade	Scout: <input type="checkbox"/> Uniformed Adult: <input type="checkbox"/> (Name of adult): _____
July 4th Trash Pick-up	Scout: <input type="checkbox"/> Adult: <input type="checkbox"/> (Name of adult): _____

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