

BOY SCOUTS OF AMERICA - TROOP 805

ACTIVITY INFORMATION FORM

Take A Hike Program

What: Take A Hike Program / **Mt. Diablo**

When: Monday February 18, 2019

Meet: **10:00am**
Mala Quatman's House
2323 Mount Diablo Scenic
Diablo, CA

Cost: \$10.00 per car Park Fee
Each Scout should bring \$5.00's in 1dollar bills.
We will carpool with as few cars as we can

Uniform: Class B

Details: Our Troop will follow the guidelines set forth by the BSA and Mount Diablo Silverado Council (MDSC), under their "Highlander An On Going Quest" program.
<https://www.mdscbsa.org/highlander/>

Not only will the Scouts and Adults be able to earn this award, but for every hike you go on according to the program you'll also earn the rocker for each Quest you complete.

Scouts, there are other opportunities as well:

(1) Rank Requirements signed for on (Example: Tenderfoot Requirement 4A-D, 5A-C, Second Class: 3A-D, 4)

(2) Earn your hiking merit badge (find a counselor)

<http://www.meritbadge.org/wiki/images/c/c7/Hiking.pdf>

Bring a sack lunch in your daypack, water and 10 essentials

DO NOT BRING: Pockets knives or weapons (real or toy)

- Note: This outing is restricted to Scouts, Leaders and Adult Volunteers meeting the BSA Requirements of YPT and Medical Forms A & B

Questions: Mala Quatman (925) 588-1948 teamquatman@gmail.com

Turn in paper permission slips to your Patrol Leader or Mrs. Quatman

By the Meeting on

February 12, 2019

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

Take A Hike Program "Mt. Diablo"

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

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<input type="checkbox"/>				
To:				
From:				
WE NEED AT LEAST ONE MORE ADULTs TO PARTICIPATE TO MEET BSA REQUIREMENTS.				
REGISTERED LEADERS: Will you be participating with the troop? Yes: <input type="checkbox"/> Name:				
Youth Protection Trained? Yes: <input type="checkbox"/> YP expiration date: _____				