BOY SCOUTS OF AMERICA, TROOP 130

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

Participant: _____

Activity: _____ Approval: Yes ☑ No ☐

Dates: _____

ADULTS I ☐ will ☐ will not be able to help drive and take my ____ son(s) plus ____ additional Boy Scout(s)

I ☐ will ☐ will not be leaving from departure.

I ☐ will ☐ will not be able to stay overnight.

I will bring ____ additional Family (Guests) Names: _____

**If your scout is riding with another parent please share in the fuel cost.
COST $20.00 Each. MAKE CHECK PAYABLE TO: BSA TROOP 130

NUMBER OF BOY SCOUTS ____ TOTAL PEOPLE ____ TOTAL $ _____ CHK# _____

HOLD HARMLESS AGREEMENT

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, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

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 administration of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

It is my opinion that my child is physically and emotionally capable of participating in the events and activities related to this trip ☐ without restrictions <or> ☐ with the following restrictions: _____.

MEDICATIONS

☐ My scout, if needed, is capable of and permitted to carry and administer his/her medications.

☐ My scout requires assistance with the following medications _____.

**If my scout needs assistance with medications, I will make arrangements with an adult leader prior to departure.

ALLERGIES/FOOD

My scout is able to identify and avoid his/her known dietary and/or other allergens. If my scout has been prescribed an EpiPen or rescue inhaler, he/she is required to carry it at all times, has been trained on its proper use, and will let the unit leader(s) know its location on his/her person. If my scout has special dietary restrictions, I will provide food for my scout that meets his dietary needs.

Medication Allergies: ☐ None <or> _____

Food Allergies: ☐ None <or> _____

Parent/guardian's name: _____

Parent/guardian's signature: _____ Date: _____

Emergency Contact Information:

Name: _____ Email: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Address: _____

E-Mail Address: _____

Departure is Friday at 5:30PM at the church parking lot.
SHOW SCOUT SPIRIT AND PRIDE IN YOUR TROOP – CLASS A UNIFORM SHIRTS MANDATORY WHEN TRAVELING.
Questions: Contact Outings Coordinator Linden Lindahl at (559) 259-3310 or mudbone14@yahoo.com