

Crew 759/ Troop 759 ACTIVITY PERMISSION SLIP

OUTING INFORMATION Activity: Rafting Yough River

Location: 103 Garrett St. Ohiopyle, PA 15470

Depart: Date / Time / Location: Friday 5/13/2011 – 5:00 PM – Long Gate Park & Ride

Return: Date / Time / Location: Sunday 5/14/2011 – ~2:00 PM – Long Gate Park & Ride

(Instructions on back of form)

<p><u>SCOUT INFORMATION</u> Name: _____ Address: _____ City / MD / zip: _____ Home Phone: _____ To: Carpool / Dropped-off / Driving From: Carpool / Pick-up / Driving Schedule: Crew / troop/ Arrive Late / Early Departure</p>

<p><u>MEDICAL INFORMATION</u> Insurance Provider: _____ Plan #: _____ Doctor's Name: _____ Doctor's Phone #: _____ <u>Condition</u> / <u>Restriction</u> / <u>Allergy</u> / Medicine _____ Medicine Admin Adult: _____</p>

<p><u>Emergency / Release POCs</u> Cell Phone: _____ Pager / Text: _____ Backup Name: _____ Backup Phone: _____ Release Name: _____ Release Phone #: _____</p>

<p><u>PARENT INFORMATION</u> Attend / Flexible / Busy / Away Driving / Flexible / Need Ride Driving: To / From / None Passengers / And / Or Gear Who: Dad / Mom / Family Schedule: Crew/ troop / Late / Early</p>

MEDICAL INFORMATION: My child (or self for scout age 18 and over) has, suffers from, has difficulty with or is subject to the following medical conditions DESCRIBED AND EXPLAINED below (including, but not limited to, the following: asthma, fainting spells, convulsions, diabetes, heart trouble, allergy or reaction to any medications, eyes, ears, nose, throat, digestion, bed-wetting, lungs, sleepwalking) (If medical condition requires any restriction of activity, whether swimming, sports or other, explain.) (Use reverse side of form, if necessary, and indicate "see reverse"). Also see Class 1 & 2 for history.

Describe C/R/A noted above: _____ Medication Name: _____ Dosage /Schedule _____

NOTE: If your son requires special medication (for bee sting, asthma, etc.) it is his responsibility to bring it on all Scout outings. If your son is not capable of self-administering the medication, etc., it is your responsibility to ensure that an adult who is trained, or capable of administering the medication, is present on the trip or outing. List all medicine.

PERMISSION TO: PARTICIPATE, TRANSPORT, SEEK MEDICAL ATTENTION, AND CUSTODY RELEASE

As the parent or legal guardian I hereby give my permission for my child to participate in the Crew and/or Troop 759 Boy Scouting activity described in the Outing Information section above.

I hereby give permission for my son to be transported by motor vehicle: to, during and from the outing by a parent or other adult leader (21+) of Crew 759 and/or Troop 759.

I give permission to the leaders of Crew 759 and/or Troop 759 to render First Aid, should the need arise. In the event of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the adult leader in charge or his/her designee to secure and consent to proper medical treatment, including, as necessary, hospitalization, anesthesia, surgery, injection of medication, or other medical treatment from such licensed health-care practitioner(s) as they may select.

I give permission for the adult leaders of Crew 759 and/or Troop 759, upon the return from the outing, to release my son, in my absence, to the release custody named above (I.e. Release Name).

BENEFIT / RISK ASSESMENT, HOLD BLAMLESS, AND FININCIAL RESPONSIBILITY

I understand that, although safety precautions will be taken, participation in the activities of this outing involves a certain degree of risk that could result in injury. I have carefully considered the risk involved and have given my son my consent to participate in all of those activities, with the exceptions noted here: _____

I agree to hold Crew 759 and/or Troop 759 and its leaders blameless for any injuries, accidents or damages that might occur during this outing except for those injuries, accidents or damages resulting from the negligence of such persons or their non-adherence to BSA policies and guidelines.

Once registered (I.e. turning in this form) the participant and other participating family members are responsible for troop incurred expenses on their behalf (registration, food, facility, transportation, & supplies) bounded by the activity information sheet and the documented troop practices (I.e. Troop Handbook). Unless stated otherwise in writing (info sheet); transportation not to exceed 4 cents per mile (private auto) & meals not to exceed \$5 per meal. Expenses are not prorated. If a registered participant can't attend please notify ADULT trip coordinator and SCOUT patrol POC ASAP.

Signed (Parent / Guardian/ or self [for scout age 18 and over]): _____ Date: _____

-----Coordination Use Only-----

Received: _____ Payment : _____ Cash / Check # _____ Ride To: _____ Ride From: _____ Nights Camping _____

Form Use	This form is required for each Scout for each event. One Scout per form. Form is required regardless of parent participation. For each Scout, this form must stay with the responsible adult during transportation and the activity. After the event please collect and turn in the forms to the committee activity coordinator.
Activity / Location Depart / Return	Describe the activity. Examples: Hiking, Backpacking, Camping, Skiing, etc. Indicate the Place name, City & State. Example: Broadcreek Scout Camp, Whiteford, MD Indicate the departure / return date, time & location. Departure time is when the troop leaves; participants should arrive 15 – 30 minutes prior per coordinator direction.
Scout Information	Fill in your first & last name; street address; city / zip code; & 10 digit HOME phone number. Unless you are being dropped-off directly at the event location, circle carpool. Unless you are being picked-up directly from the event, circle carpool. If you plan to travel with the troop carpool in both directions, circle "Troop". If you plan to arrive late circle "Late Arrival". If you plan to leave early circle "Early Departure". If "Late Arrival" or "Early Departure" is circled, please write in estimated time for arrival and / or departure below the relative status.
Medical Information	Fill in the Health Insurance Provider name, plan number, doctor's name & phone number. Circle any & all of the following that apply: medical condition, restriction, allergy and / or medicine. All medicines must be noted. Parent must ID administrating adult, but BSA policy doesn't mandate nor encourage Scout Leader responsibility.
Emergency	In the event of an emergency how can we quickly contact the scout's parents? Please provide a second phone number different from the listed home number (e.g. cell phone). Please indicate a pager or text messaging number. The backup name and phone number can be the other parent, grandparent, etc.
Release	At the end of a trip, if neither parent plans to pick up their son and has asked someone else to do so, please include that persons name and phone number. Sometimes we return a little early from a trip. In the remote case that no one shows up at the appointed pick up time, we at least have a contact phone number.
Parent Information	If a parent plans to go, please circle "Attend". If a parent would make themselves available to attend only if needed, then circle "flexible". If the parents have a schedule conflict, just circle "busy". If both parents plan to be out of town, circle "away" and reflect a Point of Contact (POC) in the release section for an emergency. If an attending parent is driving, please circle "driving". If a parent requires transportation, please circle "needs ride". If a parent can drive only if requested, please circle "flexible". On some trips we have too many drivers and it would be more practical for some adults to be passengers verses drivers. If you can transport to the event as part of the troop carpool, please circle "To". If you can transport from the event as part of the troop carpool, circle "From". If you plan to drive, but can't transport due to lack of vehicle space or you can't travel during the carpool timeframe, circle "None". If you offer to help transport with the troop carpool, please circle if you can transport passengers and / or gear. Please indicate non-scout attending participants in order to plan for the needed facilities. Some trips are extended to family or non-troop members (e.g. ski trip). If you plan to travel with the troop carpool in both directions, circle "Troop". If you plan to arrive late circle "Late". If you plan to leave early circle "Early". If "Late" or "Early" is circled, please write in estimated time for arrival and / or departure below the relative status.
Describe C/R/A	If you have a <u>C</u> ondition, <u>R</u> estriction, and / or an <u>A</u> llergy please describe it. List all medication by names, dosage and schedule. If more space is required, indicate "See Reverse" for the C/R/A description field and use the back of the form.
Parent Signature	Original signature required (i.e. not a XEROX copy). Please include the date.
Coordination Use Only	The trip coordinator should note the date the registration was turned in along with any cash or check payment. At the start of the trip, the adult that provides the scout transportation should fill in their name. At the end of the trip, the adult that provides the scout transportation should fill in their name. Trip coordinator should reflect the number of nights that the scout camped.
Notes	Advanced registration is desired at least 2-3 weeks prior to event. Worst case deadline is the Tuesday meeting prior to an event for the following weekend. This blank form is available via the troop web site. Parents as a suggestion you can fill out most of the scout and medical information for your son on your computer and make several copies. Then for trip registration you would only have to fill in the unique activity and situational specific items.

Extra Space to List any additional information: