

## SCOUTS BSA - TROOP 805

### PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

#### **Danville Lend-a-Hand Service Project - April 23, 2022**

- What:** Danville Lend-A-Hand with the Kiwanis Club of San Ramon Valley, our Charter Organization
- When:** Saturday, April 23, 2022 from 8AM to 1PM (approximately)
- Where:** Danville Neighborhoods (To be determined in the morning by the Town)
- Details:** Gear up for National Volunteer Month in April by volunteering for the 18th annual Lend-a-Hand Day. Community volunteers are invited to assist their senior neighbors by providing volunteer yard work assistance to local Danville seniors. Each year, 150 volunteers join forces to provide this service and help neighbors in need. The duties include mowing, raking, weeding, and other basic yard cleanup. Parents must also fill out and sign "Volunteer Group Participation and Confidentiality Agreement".
- Restrictions:** Scout must be at least 12 years old to participate
- Cost:** Free, but bring filled 32oz water bottle, snacks, and a bag lunch
- Uniform:** Class B shirt with long pants that can get dirty for yard work and work gloves and sun protection
- Meet:** 8:00AM @ Danville Community Center, 420 Front Street, Danville
- Return:** About 1:00PM (at Community Center). If we have enough drivers we might have the scouts dropped off at home.
- Drivers:** Since we do not know where we will be heading for our project we will need adult drivers who can also participate in the service project.
- Questions:** Kent Screechfield      [kscreechfield@gmail.com](mailto:kscreechfield@gmail.com)      925-570-1999

**Return completed permission slip to your Patrol Leader. Patrol Leaders, submit collected permission slips to the Outing File Box no later than April 12, 2022 Court of Honor**

# SCOUTS BSA - TROOP 805

## INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

### Danville Lend-a-Hand Service Project - April 23, 2022

I hereby give permission for my child, \_\_\_\_\_, to attend this outing with 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 also understand that any social or recreational activity like this outing comes with the risk that participants could be exposed to illnesses or viruses, including but not limited to COVID-19. 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 including the direction of the adult leaders of the activity. I release the Boy Scouts of America, the local council, Troop 805, 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): \_\_\_\_\_

Drive? (Check if Yes)	Vehicle Year / Make / Model	No. of Passengers	Driver's License / Name / Cell Phone	Auto Insurance (Min.: \$50K/\$100K/\$50K)
To:				
From:				

(Reminder: Parents are requested to provide Troop transportation on at least two outings per year.)

<b>REGISTERED ADULTS: Will you be participating with the troop? Yes:</b> Name: _____
Youth Protection Trained? Yes: YP expiration date: _____