

SCOUTS BSA - TROOP 805

PARENTAL PERMISSION FOR PARTICIPATION IN AN OUTDOOR ACTIVITY

2022 Memorial Day Flag Planting Service at the Presidio – May 28, 2022

- What:** Memorial Day Flag Planting Service
- When:** Saturday, 5/28/22 9:00AM - 11:00AM
- Where:** San Francisco National Cemetery at the Presidio – 1 Lincoln Blvd., San Francisco
- Meet:** 8:45AM in the San Francisco National Cemetery
Carpooling is encouraged; parking inside the cemetery is limited, you may need to park in the main parking lot near the Presidio Officers' Club located at 50 Moraga Ave., parking fee may range from \$2.50-\$3.00/hour and can be paid at a Pay-and-Display Station, all pay station accept credit and debit cards, many accept coins– please plan ahead, the walk from the parking lot to the Cemetery will take about 8-10 minutes.
- Cost:** \$0
- Uniform:** Full Class A Uniform - please arrive in full Class A Uniform (sash may be worn, if you choose)
- Bring:** Water Bottle, Refreshments will be provided at 11:00AM
- Depart:** After 11:00AM from 1 Lincoln Blvd.
- Details:** Scouts will provide service and honor to our US veterans this Memorial Day weekend by planting flags at grave sites at the San Francisco National Cemetery at the Presidio. Scouts must be healthy and symptom free, please refer to CDC Covid Exposure or Positive Test result guidance at <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>.
- Questions:** **OSPL:** Max Kelly maxbkelly1@gmail.com 925-389-4637
Adult Leader: Amy Kelly 4amykelly@gmail.com 925-216-0292

**Please turn in the completed Permission Slip at PLC on May 24th
or scan and email to OSPL by Wednesday May 25th.**

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INFORMED CONSENT, RELEASE AND PERMISSION TO TREAT

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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): _____