**Boy Scouts of America**

**Troop 2193 Scout & Adult - Activity Permission Form**

**Activity: Backpacking Overnight “Appalachian Trail & Blood Mountain” 11/13-15/2020 (SM Mike Pollard’s Group)**

**Campmasters: Mike Pollard 678-877-7555** **mikelp333@icloud.com** **Sean Betta 678-414-9585** **sdbetta@gmail.com**

**Departure: Friday 11-13 at 3:00pm sharp from Cokes Chapel Return: Sunday 11-15 5:00pm approx. at Cokes Chapel**

**Cost: Fee for attendee participation $15.00** this covers gas fee and Friday night camping at Woodruff Scout Camp. **SEE MEALS!**

**Permission Slips & Fees are Due: Thursday November 5, 2020**

**Activity Location:** Appalachian Trail &Blood Mountain near Blairsville, Georgia

**ALL Participants are to Carry Copy of BSA Medical Form on their person and to inform Campmaster of any health issues.**

**Adult Participation:** Additional two deep adult support is needed, every adult must be (YPT) Youth Protection Trained on file **Behavior:** All participants are to follow personal conduct expectations of the Scout Oath and Scout Law.

**Emergency contact** – See Campmaster info!

**MEAL: Attendees with SM Mike Pollard** are to supply their personal food; this covers 4 packed meals with snacks for the event. **All attendees (BOTH GROUPS) are** to bring a Friday dinner not to be packed , but to be consumed on the trip to Woodruff Scout Camp for the Friday overnight’s stay, **All attendees (BOTH GROUPS)** are asked to bring $10.00 to cover Sunday’s lunch stop on the way home.

**Preparation:** There will be a backpack & equipment shakedown on Thursday November 5th for all attendees as well as a tent buddy check and driver confirmation. A website page will be established with information to support drivers and attendees in preparation!

--------------------------------------------------- **Tear Here – Parent to keep top section** -------------------------------------------------- **Boy Scouts of America – Troop 2193**

**Activity Permission Form Activity: Blood Mountain Backpacking Weekend (Mike Pollard’s Group $15.00)**

 I, (adult), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BSA Troop 2193 can participate in all activities as described above.

 **All Participating Non Registered Adults must have current Youth Protection Certification on File with the Troop**

My signature below verifies that:

1) I have in place adequate accident and medical insurance should my son or I become ill or injured, or accept Troop 2193’s Accident Insurance Policy as sole coverage. (Policy available on request)

2) If during the event if my son or I should become ill or injured, I grant full release to the adult leaders of Troop 2193 to approve emergency medical care to the extent they deem necessary. **I will have a copy of my BSA A&B medical w/ins info on my person.**

3) In the event of an illness or injury, I hold harmless the adult leaders of BSA Troop 2193 and Cokes Chapel United Methodist Church.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-- or –

▢ Participant has current medical insurance information on file and verified

▢ Check box for approval to take funds from Scout Account

**IMPORTANT MEDICAL INFORMATION**

▢ I am allergic to the following \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do you carry an Epi-pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I have asthma, do you carry an inhaler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I am diabetic, do you carry insulin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ Medications to be administered: Example: One ABC capsule at B'fast; one XYZ at bedtime...

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I have other medical issues that would be important for the campmaster to know? These are included on the back of this page on the lower half of this form! **THANK YOU FOR YOU SUPPORT**