**Boy Scouts of America**

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

**Activity: Cokes Chapel Fellowship Yard Restoration – Jacob Stolar Eagle Project & Pastor John Hagan Memorial Fire Pit**

**Campmaster: Jacob Stolar & Eagle Coach: Jim McCarthy**

**Work Days:** **Saturday May 1st, 2021 / Saturday March 8, 2021** **(“X” The Dates Attending BELOW)**

**Starting & Ending Time: 8:30am – 5:00pm**

**Pizza Lunch will be available…Bathrooms & Drinking Water On-site**

**Permission Slips are Due: Thursday Troop meeting before date or upon arrival on workday.**

**Activity Location: Cokes Chapel Fellowship Yard, 4096 Lower Fayetteville Road**, **Sharpsburg**

**Troop Medical Book will be on site for all registered scouters.**

**Adult Participation: Additional two deep adult support is required; registered leaders must be (YPT) Youth Protection Trained** **Behavior: All participants are to follow personal conduct expectations of the Scout Oath and Scout Law.**

**Emergency contact** – **Jim McCarthy Cell #678-939-0399 Please Bring: Loopers, Rakes, Safety Glasses, Work Gloves, Wear Long Pants, Hat, Water Bottles and Personal Snacks Put Your Name on personal items & tools! NEED WHEELBARROWS & SPADES**

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

 **Work Days:** **Saturday May 1st, 2021 / Saturday March 8, 2021** **(“X” The Dates Attending)**

 **Activity Permission Form Activity: Cokes Chapel Fellowship Yard Restoration & Fire Pit**

 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.

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!