**Boy Scouts of America**

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

**Activity: Troop Adopt a Campsite Overnight & Annual Troop Swim Test – Camp Thunder / Campsite Utica**

**Campmaster: TBD**

**Drop off: May 21st Friday, 7:30PM, Campsite Utica …We will be using tents on the campsite.**

**Pick-up: May 23rd Sunday, 11:00am, Campsite Utica**.

**Cost: $16 per person to cover meals – Patrol Cooking / Cooking MB Opportunities**

**Permission Slips & Fees are Due: Thursday, May 13th Troop Meeting**.

**Activity Location: Gerald I Lawhorn Scouting Base – 506 Thundering Springs Rd – Molena GA**

**ALL Participants to Carry Copy of BSA Medical Form on their person Troop will have Medical Forms at the Event**

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

**Emergency contact** – **Campmaster TBD** **Camp Thunder # 1‐706‐647‐9539 Overnight Opportunities: Service Time, Conservation Service, Vesper Service, Campfire Program Coordinator**

--------------------------------------------------- Tear Here – Parent to keep top section -------------------------------------------------- **Boy Scouts of America – Troop 2193 Activity Permission Form Activity: Troop Adopt a Campsite Overnight & Annual Troop Swim Test**

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!