

BOY SCOUT TROOP 850

PARENTAL PERMISSION TO PARTICIPATE IN ACTIVITY AND EMERGENCY MEDICAL AUTHORIZATION

Note: This form signed by a parent or legal guardian must be returned to the Troop in order for the Scout to participate.

I (print name) _____ hereby authorize my son (print name) _____ to participate in the following activity sponsored by Boy Scout Troop 850:

Type: **Advancement Campout at Whitewater Memorial State Park**

Date: **October 9-11** **TURN IN DEADLINE: October 6**

Cost: **\$25** Use Funds in Personal Account? yes ___ no ___

Departure Place and Time: **St. I parking lot, Friday, October 9th, 5:30pm**

Return Place and Time: **St. I parking lot, Sunday, October 11th, ~11:00am**

Adult Leaders: **Dan Ogilvie, John Weintz, Jim Walro, Bryan Gehrum, Jason Covarrubias, Allyson Moyer, Kirk Greiner, Robert Boeckermann**

I understand that the Troop will observe all applicable health and safety requirements and procedures during this event (including but not limited to those related to COVID19) and acknowledge that all participants (youth and adult) will also be required to comply with all such requirements and procedures. I also acknowledge and understand that there can be no assurance that such requirements and procedures will necessarily be effective in preventing accidents, injuries or illness (including but not limited to COVID19) and the Troop, its leaders, St. Ignatius or Dan Beard Council will not be responsible or liable for any accidents, injuries or illness (including but not limited to COVID19) any participant may experience during or following the event.

I also hereby authorize the above-named adult leaders to secure any necessary emergency medical treatment for my son in the event I cannot be reached in an emergency and in connection therewith appoint such adult leaders, and each of them, as my attorneys-in-fact to execute in my name and stead such consents, waivers, forms or other documents which may be necessary to secure such medical treatment. My son is covered by the following health insurance:

Name of Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ Phone No. _____

Check one: ___ I expressly authorize and consent to my son travelling to/from/during this event in any carpool arranged by the Troop **OR** ___ I will be responsible for transporting my sone to/from/during this event (default if neither option checked.)

Parent plans to participate as follows: 1. Attend? yes ___ no ___ 2. Assist with driving? yes ___ no ___

****I understand this campout will be cancelled if there are not enough adults to attend/drive ___Yes**