



Troop 1865
Permission, Emergency Contact, and
Medication Information Form
2021-2022 Casual Hiking Trips

Trip Name & Description: Casual hiking trip at various locations in the local area. Hike an easy to moderate trail. Scouts and parents are welcome. Bring water, a snack, and a small pack to carry them in. Wear appropriate shoes and clothing for the weather, dressing in layers is recommended. Meet at 9 a.m. at the specified location (see chart of hike locations).

PERMISSION/CONSENT: In consideration of the benefit to be derived, and in view of the fact that the BSA is an educational institution—membership in which is voluntary—and having full confidence that every precaution will be taken to ensure the safety and well-being of my son/ward:

Name:

Patrol:

I hereby agree to his participation and waive claims against the leaders of this trip and officers, agents, and representatives of the BSA, and the chartering organization, the Country Club View Civic Association. In the event of an emergency, the adult leader has my permission to obtain treatment for my son at the nearest medical facility at our expense.

PRESCRIPTION MEDICATIONS: Page 2 of this form **MUST** be completed for any prescription medication being given to your child during an outing. Medication will **NOT** be given to your child unless this form has been completed. All medications must be in the original containers with drug and dosage clearly marked.

OVER THE COUNTER MEDICATIONS: Could be administered to your child by the Scoutmaster or a Trip Leader, for these conditions: (Colds) Robitussin, throat lozenges or spray; (Sprains) Tylenol or Ibuprofen; (Diarrhea) Pepto Bismol or Imodium; (Allergies) Benadryl; (Wounds) Neosporin, Betadine.

MY SON IS ALLERGIC TO:

MY SIGNATURE DENOTES:

1. That I give my consent to my child's participation in this BSA Troop 1865 sponsored event
2. That Over-The-Counter medication can be dispensed to my child if required **Y / N (circle one)**
3. That the prescription medications I have identified on Page-2 can be administered per the dosing instruction provided.
4. That I will encourage my child to do their best to uphold the values of the Scout Oath and Law at all times.
5. That I understand that if my child is sent home early due to any serious misconduct, it will be at my expense and that the adult leaders will make the travel arrangements and notify me of those plans.
6. That I will be reachable during this event or I have designated an alternative contact point.
7. **That I have screened my child for COVID-19 symptoms and observed none.**

SIGNATURE OF PARENT OR GUARDIAN

DATE



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ADULT PARTICIPATION:

I will be participating Yes No If YES, Full Name of Adult: _____

EMERGENCY CONTACT

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) _____

PHONES: (H) _____ **(W)** _____ **(C)** _____

DOCTOR'S NAME: _____ **PHONE:** _____

MEDICATION INFORMATION

WARNING: Certain medications—EPI-PENS for bee or insect bites due to allergic reactions; INHALERS for acute asthma; and CARDIAC MEDICATIONS—should be kept with the SCOUT at ALL times. Do NOT turn these medications in to the Scoutmaster and DO NOT let your Scout leave home without them!

MEDICATION NAME	DOSING FREQUENCY	DOSING INSTRUCTIONS (PLEASE LIST ANY SIDE EFFECTS)

This information is confidential and is provided to Scoutmaster or trip leaders to help ensure a safe outing experience for my child. This information will be shared with medical personnel should the necessity arise.