**BOY SCOUT TROOP 243 PERMISSION FORM**

As the parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby give my permission for this child to participate in an outing with Troop 243.

**Activity:**  **Location:**

**Approximate Drop off Time:**  5:30PM **Drop Off Date and Site:** @ Boy Scout garage

**Ready for Pick up Time:**  10:30AM **Pick UP Date and Site:**@ Boy Scout Garage

I understand that participation in scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I understand that Troop 243 will take all reasonable actions to comply with CDC regulations related to Covid-19. I release the Boy Scouts of America, Lincoln Heritage Council, Troop 243, St. John Paul II parish, The Roman Catholic Archdiocese of Louisville, the activity coordinators, all employees, volunteers, related parties, other scouts or other organizations associated with the activity from any and all claims or liability arising out of unintentional injuries or infections spread during this participation. I also confirm to Troop 243 that all vaccination and medical insurance information is current and Troop 243 will not be liable for any treatment or charges that might be incorrect as a result of medical treatment arranged by a scout leader if the information Troop 243 has is inaccurate.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of scouting activities.

In case of an emergency involving my child, or me I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child or me. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

If my scout takes any medication on a regular basis, I understand that it is my responsibility to keep Troop 243’s records current. It is also my responsibility to make sure Troop 243 has my scout’s most recent vaccination information and medical insurance card. Any medical charges incurred to benefit my scout will be the full responsibility of me regardless of the accuracy of the medical card Troop 243 has on file. Any medication that my scout takes on a limited basis will be noted on a per trip medication form that will be made available to me.

I, the parent/guardian of the above named scout, understand that in case of required disciplinary action, determined by an adult leader on site, I will be called to come get the above named scout. **I also commit that I will come get my scout if called regardless of the distance of the trip or time of day.** No refund of money owed or paid will be provided. I also acknowledge that no electronics are allowed on any camp out unless specified by the troop leadership. Any electronic devise brought on an outing is subject to confiscation. If electronics are confiscated neither the troop nor any adult accompanying the troop will be responsible for the loss or damage to that device.

The total cost for this outing is $**0 For Scouts, $10 for guest/parents, $0 for registered leaders,**

In case of emergency, I can be reached by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If I cannot be reached, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian) ----------------------------------------------------------------------------------------------------------------------------------------------------------

(Tear off and keep the bottom of this form)

What:

Where:

**Depart: Boy Scout garage at 5:30PM**

Return: Scout Garage, ready for pick-up at approx. 10:30AM

Emergency Contact: / Eric Berendsen 502-386-2532, Gerald Shively 502-493-4733, Frank Hulsman 502-298-5340, Matt Huber 502-650-3387, Paul Heitkemper 502-640-6079, Tom Kennedy [502-439-5460](https://hangouts.google.com/?action=chat&pn=%2B15024395460&hl=en&authuser=1), Bob Goens 502-479-7837, Laurie Warren 502-930-6078, Bruce Warren 502-724-6474, Tony Downes 502-553-8821, Jay Groves 502-593-2935, Cathy Berendsen 502-802-3341, Chuck Pemberton 502-939-8967, Sandra Macey 502-608-2741