

BOY SCOUT/VENTURER PARENT PERMISSION SLIP

RIO HONDO DISTRICT CAMPOREE

April 20-22, 2018

| |
|------------------------------------|
| Amount paid \$ _____ |
| Method: ___ Cash ___ Check # _____ |
| ___ Account |
| Date _____ Initial _____ |

RETURN This PORTION with Camporee permission slip (attached) and payment made out to the unit you will be participating with.

RETURN THIS PORTION BY April 3rd – TROOP / March 18th - CREW

MY SCOUT _____ HAS MY PERMISSION TO GO TO _____

I UNDERSTAND THE COST IS \$ 28.00 plus any spending money _____

IF IT IS NECESSARY FOR A PHYSICIAN TO ATTEND MY SCOUT, THEY MAY HAVE EMERGENCY MEDICAL ATTENTION AT MY EXPENSE.

PARENT SIGNATURE _____

PRINT NAME _____ PHONE () _____

EMERGENCY CONTACT _____ PHONE () _____

ALLERGIES _____

- *If your scout has a serious allergy, they must carry at least 2 epinephrine pens and inform the leaders they have it.
- *If your scout is a diabetic, they must let the leaders know and carry emergency insulin with them.
- *If your scout is asthmatic, they must carry an inhaler and let the leaders know.

RIO HONDO DISTRICT CAMPOREE – April 20 – 22, 2018

At Firestone Scout Reservation in Tonner Canyon

WE WILL MEET ON Friday, April 20th at 4:00 p.m. at the Scout House
(if you can't meet at 4:00 p.m., we will organize a group to meet and leave later – please coordinate with Cindy)

WE WILL RETURN ON Sunday, April 22nd at 1:00 p.m. (time approx. – we will call you 1/2 hour prior to arrival)

THE COST IS \$ 28.00

LEADER(S) IN CHARGE Cindy Farber – 213-369-7742

EMERGENCY CONTACT Cell phone listed above

ITEMS TO BRING:

- Wear Class A uniform to travel in and at Interfaith Worship and the Opening Flag Ceremony
- During Camporee - wear Class B uniform with Troop hat / Crew hat
- Bring a daypack in order to carry your water, snacks **and 10 essentials** with you during the activities
- Bring personal items and equipment for camporee overnighter – see camporee equipment list on website

<http://boyscouttroop330-montebello.org>

<http://venturingcrew461.org>

Bring a folding chair

Spending money for snacks (optional – each item sells for about \$1 – soda, candy)

BOY SCOUT/VENTURER PARENT PERMISSION SLIP

Rio Hondo District (RHD), Greater Los Angeles Area Council (GLAAC) Boy Scouts of America (BSA) Camp-O-See Permission Form

This form is to be completed for each youth member attending the RHD Camp-O-See. A **copy** of this form to be made available to Camp-O-See Staff on request. **Check boxes you wish to approve and sign.**

CAMPOREE DATES: From _____ to _____

Youth Name (Print) _____ Date of Birth _____

Address _____ Home Phone: _____

City: _____ Unit #: _____ Unit Type (mark one) Cub Troop Crew

Permission to Attend Camp-O-See and Talent Release

Camp-O-See Attendance (*Note: Youth cannot attend the Camp-O-See if this is not approved.*)

Talent Release

The above is authorized to attend the RHD, GLAAC, BSA Camp-O-See. I approve of the unit leaders who will be at FSR in charge of the care and supervision of my child. I also certify that to the best of my knowledge the above is physically fit to engage in this activity above. Authorization is hereby given that any pictures taken of the above may be released and used for official use by the Camp-O-See committee.

Shooting Sports Activity Participation

Archery, Slingshot, Tomahawk Throwing and related activities

Firearms, BB gun, and related activities

(Note: Youth may attend the Camp-O-See if this section is not approved; however, this section must be approved for participation in shooting sports activities.) Pursuant to California Penal Code, Section 12552, the undersigned does/do hereby authorize that the Range Master of the RHD, GLAAC, BSA Camp-O-See may furnish a firearm or bow to the above minor for the purpose of instruction in the safe handling and discharge of Firearms and related activities. This authorization shall remain in effect while the above minor is enroute to or from, or involved in, or participating in any Boy Scout program or activity of the RHD, GLAAC, BSA unless revoked in writing by the undersigned, and delivered to the RHD, GLAAC, BSA Camp-O-See Staff. I waive all claims I may have against the RHD, GLAAC, BSA activity coordinators, all employees, volunteers or sponsors associated with the approved activities.

Medical Treatment

Authorization and Consent to Treat a Minor (*Note: Participant may attend the Camp-O-See if this section is not approved; however, in case of an emergency, the youth will be transported to an emergency medical facility and the parent/guardian notified; parent/guardian will then deal directly with the medical facility. Treatment will be limited until parent/guardian authorization received*) Pursuant to California Civil Code, Section 25.8 the undersigned does/do hereby authorize the adult leaders of my child's Scouting unit, medical personnel or staff RHD, GLAAC, BSA Camp-O-See, or such substitute as they may delegate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp; or elsewhere. This authorization will remain effective while the above minor is enroute to or from or participating in any Boy Scout program or activity of the RHD, GLAAC, BSA, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

In case of emergency please notify:

Name (Print) _____ Home Phone: _____

Address _____ Work Phone: _____

City: _____ Mobile Phone: _____

Medical Insurance Information:

Company/Provider: _____ Policy/Group #: _____

Signatures of Parent or Legal Guardian

Primary Signatory Signed: _____ (Mark one) Parent Legal Guardian

Date: _____ Phone #: _____

Secondary Signatory (if required) Signed: _____ (Mark one) Parent Legal Guardian

Date: _____ Phone #: _____