Troop 23 2022-2023 Forms Checklist

TO FILL OUT AND TURN IN ☑:

Hold Harmless Agreement
One copy of Conduct and Behavior Policy
Medical Information (with copy of scout's health insurance card)
Over-the-Counter Drug Permission
Contact Information
BSA Youth Application if not already on file with Troop 23
BSA Health and Medical Form Parts A and B (Part C prior to long term campout) if not already on file (available on Troop website under "Resources-Forms and Documents"
Dues payment (\$175.00 for Scouts/\$47 for registered adult leaders)

Please log into the Troop 23 website (https://www.troopwebhost.org/Troop23sarasota/Index.htm) and verify that all information for yourself and your scout is up-to-date and accurate. Each parent and scout has their own separate account.

TROOP 23 HOLD HARMLESS AGREEMENT, and

Designation of Health Care Surrogate for minor to consent to emergency medical treatment 2022-2023 SCOUT YEAR

Upon signing-up my Scout for each and any Troop 23 Outings via its website during the <u>2022-2023</u> Scout Year, I hereby agree and understand that:

Participation in Troop 23 Outings (regular Meetings, Campouts and other Activities) involves a certain degree of risk of personal injury. Information about the activities may be obtained from both the Troop Website and from the Troop leaders and the SW Florida Council. I understand that participation in the Outings is entirely voluntary and requires the Scout to abide by applicable rules and standards of conduct and behavior. I have carefully considered the risk involved and have given consent for my Scout to participate in the Outings. I hereby release and hold harmless the Boy Scouts of America, the Florida Conference of the United Methodist Church, Southwest Florida Council, St. John's Methodist Church, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the Outing from any and all claims or liability arising out of this participation. I specifically understand that there are risks associated with any group activity as a result of Coronavirus/COVID-19 and release and hold harmless the above-stated organizations and individuals related to exposure to Coronavirus/COVID-19.

In case of emergency involving my child, consistent with the Consent provided herein, I understand every effort will be made by the Troop's Leaders to contact the Scout's Parents, Guardians, or Emergency Contacts if needed. However, in the event no one can be reached, I hereby give my permission to the medical provider selected by the Registered Adult Leader accompanying my Scout to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to the Registered Adult Leader accompanying the Scout any examination findings, test results, and treatment provided for purposes of medical evaluation of the Scout. The Registered Adult Leader is expected to make every effort to immediately follow-up with the Scout's parents or guardian, as well as to determine the Scout's ability to continue in the Outing's program activities, or whether arrangements need to be made to get the Scout home.

Agreed to on behalf of the following Scout:			
	Scout name		_
Witness: #1:			
Witness #2:			
Agreed to by:			
Parent or Guardian Signature	Date	_	
STATE OF FLORIDA, COUNTY OF SA	RASOTA:		
The foregoing instrument was signed before	me on this the	day of	, 202,
by	(name of signer),	who is:	
(Notary choose one) [] personally known	to me, or [] who	o has produced identif	ication,
Space	e for Notary stamp:		
Notary Public	_		

MEDICAL INFORMATION 2022-2023 SCOUT YEAR

SCOUT NAME:	
INSURANCE CARRIER:	
POLICY #:	GROUP #:
Please attach a copy of front and ba	ack of scout's current health insurance card
PHYSICIAN NAME:	PHONE #:
PRESCRIPTION MEDICATIONS M (i.e. Epi-pen, migrane medication, A)	MY SCOUT WILL PROVIDE TO HEALTH OFFICER FOR OUTINGS: DD)
SPECIFIC MEDICAL CONDITION	N(S) FOR LEADER OR EMERGENCY PROVIDER TO BE AWARE:
if known: BLOOD TYPE:	
DRUG ALLERGIES:	
MEDICATION(S):	
If impactful on care to be given, plea	se provide RELIGIOUS AFFILIATION:
Parent Signature	

OVER-THE-COUNTER DRUG PERMISSION FORM 2022-2023 SCOUT YEAR

SCOUT NAME:				
From time-to-time, Troop 23 may request, for minor scrapes, ailment	-		ver-the-counter drugs w	when a Scout may need or
Please indicate whether the admin discretion of the Troop 23 leader, your son. Note that Troop Outing will not be administered if contact	whether you re s are often out	equire a call fin	est, or if the following sl	hould <u>never</u> be given to
Acetaminophen (Tylenol) Ibuprofen (Advil) Benadryl (insect bites, poison ivy) Caladryl (insect bites, poison ivy) Imodium Pepto Bismol Neosporin Ointment Sudafed (For congestion) Lortadine (Claritin)	Always Always Always Always Always Always Always Always	Never Never Never Never Never Never Never	Call First	
Parent/Guardian Signature				
Parent/Guardian Name				
Date				

CONTACT INFORMATION ROUTINE AND EMERGENCY 2022-2023 SCOUT YEAR

Scout Name:	
Primary Contact (parent/Guardian)	
Name:	<u> </u>
Cell Phone:	<u></u>
Home Phone:	_
Primary email address:	_
Second Contact (parent/Guardian)	
Name:	_
Cell Phone:	_
Home Phone:	-
Primary email address:	_
Emergency Contact (if Primary and Second Parent/Guardian car (Also provided on BSA Health and Medical Part A)	nnot be reached)
Cell Phone:	_
I have logged onto to the Troop 23 website and confirmed that all infor parent(s)/guardians is correct.	mation for the scout and his/her
Signature of parent/guardian	

Troop 23 Conduct and Behavior Policy 2022-2023 Scout Year

In conjunction with the Boy Scouts of America and its values-based structure, promoting positive attributes of character, citizenship, and personal development, Troop 23 has the expectation that all participants in its program adhere to appropriate behavior and interaction with his fellow Scouts and Adult leaders.

Restating Troop 23 Policy: All members of Troop 23 are expected to conduct themselves in accordance with the principles set forth in the Scout Oath and Law. As a result, physical violence, hazing, bullying, theft, verbal insults, and drugs and alcohol will not be tolerated.

Any Scout in Troop 23 that is confronted with any threat of violence or other forms of bullying from other Scouts will be encouraged to discuss the incident with any Adult leader present at the activity where the incident occurred. This includes the Scoutmaster, the Assistant Scoutmaster that was present, or the Scout's Patrol's advisor. If reported to an Adult leader, a written report will be provided to the Scoutmaster to be kept in the Troop files. This will enable discussions about the incident at a later time, if necessary, with the Scout's parents.

For all cases of threatened or actual violence, the offending Scout's parents will be engaged. For other offenses, the first incident will result in a conference with the Scout and the Adult Leaders present. A second offense will result in a conference that includes the Scout's parent or guardian, and may occur during or after the Troop activity or at scheduled after the day of the incident. A third offense will result in a discussion by the Committee and Scoutmaster to determine whether to revoke the Scout's membership in the Troop, whether temporary or permanent. A meeting with the Scout and his parent or guardian will occur.

Just one act of misbehavior can have far-reaching impacts, and threaten the safety of an individual and/or those around him, and as a result, cannot be ignored. I therefore acknowledge that just one incident can result in the revocation my membership in Troop 23. Similarly, removal from the Troop can result also result from a pattern of similar offenses that results in degradation in the experience of other Scouts in the Troop.

Scout Signature:	Date:
Scout Printed Name:	-
Parent/Guardian Signature:	Date:
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Parent/Guardian Printed Name:	_

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Scout Printed Name:	-
Parent/Guardian Signature:	Date:
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Parent/Guardian Printed Name:	_