

## 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.*



**MEDICAL INFORMATION**  
**2022-2023 SCOUT YEAR**

SCOUT NAME: \_\_\_\_\_

INSURANCE CARRIER: \_\_\_\_\_

POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

*Please attach a copy of front and back of scout's current health insurance card*

PHYSICIAN NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PRESCRIPTION MEDICATIONS MY SCOUT WILL PROVIDE TO HEALTH OFFICER FOR OUTINGS:  
(i.e. Epi-pen, migrane medication, ADD)

\_\_\_\_\_

SPECIFIC MEDICAL CONDITION(S) FOR LEADER OR EMERGENCY PROVIDER TO BE AWARE:

\_\_\_\_\_

\_\_\_\_\_

if known: BLOOD TYPE: \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

MEDICATION(S): \_\_\_\_\_

If impactful on care to be given, please provide RELIGIOUS AFFILIATION: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# OVER-THE-COUNTER DRUG PERMISSION FORM

## 2022-2023 SCOUT YEAR

SCOUT NAME: \_\_\_\_\_

From time-to-time, Troop 23 may want to provide common over-the-counter drugs when a Scout may need or request, for minor scrapes, ailments, or discomfort.

Please indicate whether the administration of the following over the counter drug may be provided at the discretion of the Troop 23 leader, whether you require a call first, or if the following should **never** be given to your son. Note that Troop Outings are often out of cell phone coverage, and if Call First is indicated, the drug will not be administered if contact cannot be made:

Acetaminophen (Tylenol)	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Ibuprofen (Advil)	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Benadryl (insect bites, poison ivy)	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Caladryl (insect bites, poison ivy)	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Imodium	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Pepto Bismol	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Neosporin Ointment	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Sudafed (For congestion)	<b>Always</b>	<b>Never</b>	<b>Call First</b>
Lortadine (Claritin)	<b>Always</b>	<b>Never</b>	<b>Call First</b>

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

**CONTACT INFORMATION  
ROUTINE AND EMERGENCY  
2022-2023 SCOUT YEAR**

Scout Name: \_\_\_\_\_

**Primary Contact (parent/Guardian)**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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 cannot be reached)  
(Also provided on BSA Health and Medical Part A)

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

I have logged onto to the Troop 23 website and confirmed that all information for the scout and his/her parent(s)/guardians is correct.

\_\_\_\_\_  
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: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

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

Scout Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_