**Troop 23**

**2024-2025 Forms Checklist**

**Scout Name:**

TO FILL OUT AND/OR TURN IN 🗹:

* Register on-line with <https://my.scouting.org> or with Southwest Florida Council
* Hold Harmless Agreement
* Over-the-Counter Drug Permission
* Contact Information
* One copy of Conduct and Behavior Policy
* Medical Information (with copy of health insurance card)
* BSA Health and Medical Form Parts A, B1, and B2 (Part C prior to long term campout) if not already on file (available on Troop 23 website under “Resources-Forms and Documents”)
  + Scouting Health/Medical Form - Attached or On-File (Circle One)
* Troop 23 dues will be billed twice a year in August and March totaling $110 per year
  + (Add one-time new Scout Troop 23 joining fee for equipment $75)

*Please log into the Troop 23 website (*[*https://www.troopwebhost.org/Troop23sarasota/Index.htm*](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 have their own separate account.*

**TROOP 23 HOLD HARMLESS AGREEMENT, and**

**Designation of Health Care Surrogate for minor to consent to emergency medical treatment**

**2024-2025 SCOUT YEAR**

**Upon signing-up my Scout for each and any Troop 23 Outings via its website during the 2024-2025 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 Southwest 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 Scouting America, the Florida Environmental Health Association, Southwest Florida Council, 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 at the parent’s expense or they are required to pick up Scout.

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 SARASOTA:**

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 has produced identification,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Space for Notary stamp:

Notary Public

**OVER-THE-COUNTER DRUG PERMISSION FORM**

**2024-2025 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 Scout. 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) **Always** **Never Call First**
* Ibuprofen (Advil) **Always** **Never Call First**
* Benadryl (insect bites, poison ivy) **Always** **Never Call First**
* Caladryl (insect bites, poison ivy) **Always** **Never Call First**
* Imodium **Always** **Never Call First**
* Pepto Bismol **Always** **Never Call First**
* Neosporin Ointment **Always** **Never Call First**
* Sudafed (For congestion) **Always** **Never Call First**
* Lortadine (Claritin) **Always** **Never Call First**

Parent/Guardian Signature

Parent/Guardian Name

Date

**CONTACT INFORMATION**

**ROUTINE AND EMERGENCY**

**2024-2025 SCOUT YEAR**

Scout Name:

**Primary Contact ( Parent / Guardian ) – circle one**

Name:

Cell Phone:

Home Phone:

Primary email address:

**Second Contact ( Parent / Guardian ) – circle one**

Name:

Cell Phone:

Home Phone:

Primary email address:

**Emergency Contact** (if Primary and Second Parent/Guardian cannot be reached)

(Also provided on Scouting Health and Medical Part A)

Name:

Cell Phone:

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

Signature of parent/guardian

**Troop 23 Conduct and Behavior Policy**

**2024-2025 Scout Year**

In conjunction with the Scouting 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 their 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 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 their parent(s) or guardian(s) will occur.

Just one act of misbehavior can have far-reaching impacts and threaten the safety of an individual and/or those around them, 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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**2024-2025 Scout Year**

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Scout Signature: Date:

Scout Printed Name:

Parent/Guardian Signature: Date:

Parent/Guardian Printed Name:

**MEDICAL INFORMATION**

**2024-2025 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

**Troop 23 Member Money Obligations**

**2024-2025 Scout Year**

Troop 23 is funded by its youth members. There is a budget meeting each August held by the Troop’s Committee to set the fees and allocate funds which will be utilized for the following year.

These funds are used for:

* Purchasing and maintaining camping equipment and supplies
* Two trailers: camping and canoe trailer along with tags and maintenance
* Purchase advancements and merit madges for Scouts to add to their uniform
* Crossover Scout: New Scouts book and epaulettes
* New Troop 23 T-shirt for new scouts.
* Pay half of youth leadership training
* Pay half of adult leadership training
* TroopWebHost fees and office supplies
* Pay money towards Halloween and Christmas Parties
* Pay money towards May Reward/End of School Year Trip
* Pay for the ice cream party in August
* Pay for recruitment

**New Scout and Leader**

Each new Scouts is asked to pay a one-time $75.00 (subject to change) fee to cover the cost of camping equipment and a Troop 23 t-shirt. Your Scouts are only asked to provide a water bottle, mess kit, and personal items. The Troop provides tents, cooking equipment, cleaning supplies, stoves, lanterns, ice chests, water coolers, etc. If your Scout leaves the Troop, there are no refunds. Annual registration fees are set by Scouting America and not the Troop. The Scouting America annual registration fees are not paid to the Troop, these fees are renewed online at <https://my.scouting.org> or directly with Southwest Florida Council. Troop dues are charged twice a year in August and March at $110 total for the year and Adult leaders are not charged Troop dues.

**Scout Account**

This is an internal account which Scouts and Leaders establish with the Troop Treasurer. You may review your Scout’s or your account via TroopWebHost. A report is provided to you and your Scouts via email every Sunday providing you have supplied the Troop with an email address. If you have any questions about the Scouts account, please ask the Troop Treasurer. If the Scout or Leader leaves the Troop with a positive amount, a check will be mail to you upon request. Likewise, if the Scout or leaders leaves the Troop with a negative amount, we will ask you to pay the balance.

**Monthly Camping Trips**

These trips are paid for by the Scouts and Leaders attending the trip. On a rare occasion, there may be an additional charge or refund based on the actual cost of the event. A budget is provided by the Scoutmaster prior to the trip and all fees should be paid in advance. Please speak with the Scoutmaster or Committee Chair if there is a hardship or to make arrangement on payments. If your Scout is asked to purchase food for their patrol, they will be reimbursed to their Scouts account once the receipt(s) are provided to the Troop Treasurer. All receipts must be turned in no later than 30 days after the event.

**Summer Camp**

These trips are paid for by the Scouts. The minimum numbers of leaders required for the Troop are paid by the Scouts. If additional leaders ask to attend, those leaders will be required to pay their way. If any extra positions remain for adults leaders, they would be able to attend using the Troop’s “Earn Your Way” Policy. If the trip includes a side trip, such as white-water rafting, each Scout and Leader are required to pay for this event. A contact is written between the Troop and parents of the Scouts attending which lays out the cost and payment schedule. A budget is provided by the Scoutmaster prior to the trip and all fees must be paid in advance. Please speak with the Scoutmaster or Committee Chair if there is a hardship or to make arrangement on payments. Any leader with expenses must turn in all receipts no later than 60 days after the event.

**High Adventure Trip**

The Troop from year to year may attend a High Adventure trip. Scouts select which High Adventure the troop attends and there may be more than one each year. These trips may include Philmont, Sea Base, Northern Tier and Summit. The Troop pays deposits for these trips up to two years in advance. Once the leadership is established then Scouts are asked if they would like to attend. The Leaders’ Scout have priority followed by the oldest Scouts in the Troop. If any extra positions remain for adults leaders, they would be able to attend using the Troop’s “Earn Your Way” Policy. A contact is written between the Troop and parents of the Scouts attending which lays out the cost and payment schedule. All members of the trip pay an equal amount. These trips can run as high as $3300 per person. Payment must be made per the contract. If late on payments, you will need to speak to the trip’s leadership, or your position may be forfeited, and no refunds will be provided. Any leader with expenses must turn in all receipts no later than 60 days after the event.

**Trop 23 T-Shirt**

Scouts and Leaders are required to have a Troop 23 T-shirt. This is part of the Scouting America Uniform, called an Activity Uniform (aka Class B). As a new scout one is provided for you, but as the Scout grows, you may need to purchase additional t-shirts from the Troop. These are provided at cost. Leaders are also required to have a Troop 23 t-shirt, but you must purchase yours.

Parent/Guardian Signature: Date:

Parent/Guardian Printed Name: