

**SCOUTS BSA TROOP 341, PITTSFORD, NY**

**SCOUT ACTIVITY PRE-EVENT MEDICAL CHECKLIST AND PERMISSION FORM**

|  |  |
| --- | --- |
| Activity: | Troop Mtg. |
| Where: |  |
| Departure: |  |
| Pick-Up: |  |
| Program & Details: |  |
|  |  |
|  |  |

I give my scout, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full name), permission to participate with Troop 341 at an in person meeting/event.

**HEALTH AND SAFETY DISCLAIMER**

I have read and reviewed the Troop policies about health, safety, social distancing, PPE use and other regulations regarding scouting during the current worldly health status. Person(s) will not be admitted to any meetings unless the agreement to the terms of the troop health policies, this permission slip, and successful completion of the wellness questionnaire at the start of every event. Everyone will receive 1 warning of an infringement and/or based upon the severity of the action may be removed from the meeting.

**Medical Release**

I give permission to the leaders of the troop to render first aid and break social distancing guidelines should the need arise. In the event of illness or injury occurring to my son while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. I understand in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. I understand that my insurance policy will be used for primary coverage in case of emergency treatment.

**Waiver of Claims**

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against Boy Scouts of America, pack, troop, team, crew and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant’s family or guardians.

This includes understanding the Troop or any of the entities listed above cannot guarantee a 100% risk-free environment Even though we will be doing all we can to mitigate the potential of spreading infections there is still a potential that an infection (which includes but is not limited to Flu, Common Colds and viruses, and COVID) could be present. In signing this permission slip you acknowledge the risk and cannot hold the Troop or anyone involved liable if anyone in your family does get infected.

**WELLNESS QUESTIONNAIRE**

**Wellness Questionnaire:**

Has the participant had any of the following symptoms in the last 24 hours?

**YES NO**

Fever (100.4 F or greater)

Vomiting

Diarrhea

If participant has fever, vomiting, OR diarrhea-he or she should stay home.

Page 1 of 2

Has the participant had any of the following symptoms in the last 24 hours that are new and unusual to you? Please indicate yes or no for each symptom.

**YES NO**

Unexplained extreme fatigue or muscle aches

Rash

Cough (not due to allergies)

Shortness of Breath

Sore Throat (not due to allergies)

Loss of Taste and Smell

If the participant has any of these symptoms, he or she should stay home.

Please list any extra comments or concerns, including information related to immune deficiency, pre-conditions, or other high- risk related information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Scout or Adult Attendee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(If scout, parent signature is required. If two parents/guardians, both need to sign below.)**

**Father**/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother**/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_

**Attendee Body temperature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Anything over 100.4 Troop 341 must deny entry to the meeting. Per CC guidelines\*
* Body temperature readings required for ALL attendees immediately upon arrival and before admittance

**Questionnaire Complete** @ \_\_\_\_\_\_\_\_\_ :\_\_\_\_\_\_\_( am/pm) on \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_.

* Questionnaire expires at the completion of this event identified in the top chart of the permission slip

Page 2 of