BSA Troop 460 Parent Permission Slip

To cover all outings and events for the year _____

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for my child to participate in these activities. I also understand that participation in activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with activities from any and all claims or liability arising out of this participation.

Scout's Name _____ Birthdate_____

Address _____

Parent's Name(s) _____

Phone #s: Home _____ Cell _____

Cell _____ Work/Other_____

In case of emergency and I cannot be contacted please notify:

Name _____ Home # _____ Cell # _____

Parent Authorization for Medical Treatment

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by an adult leader to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities. If medical attention is required for my son/ward I accept full responsibility for all expenses incurred.

Primary Physician: _____ Telephone _____

Medical Insurance Co.:_____ Policy/ID #_____

Insurance's Phone # _____ Last Tetanus vaccination: ___/___/___

Allergies (Medications/Food/Etc.) _____

Current Medications: _____

Pertinent Medical Information: _____

_____

Signature of Parent/Guardian _____ Date _____