

Troop 467 Annual Medical / Trip Release Form

Form to be signed by Parents or Guardians

TROOP 467 PERMISSION and MEDICAL RELEASE

This permission is required for all activities held at times and/or places other than the regular Troop meetings.

Time Frame

This form shall be in effect for the period of: August 23, 2011 through August 31, 2012.

PART 1:



- ❖ Troop 467 participates in various Troop-sanctioned or BSA Atlanta Area Council-sanctioned activities during the year.
- ❖ The Troop will leave from the Church parking lot in front of the Scout Hut and will return to the same location, unless otherwise specified. Departure and return times will be scheduled appropriately for each activity.
- ❖ Scouts will travel by private automobile, van, public transportation, or other Troop/Council-sanctioned means.
- ❖ Drivers will be parents, adult leaders, public transportation drivers, or anyone 21 years of age or older who meets BSA guidelines.
- ❖ For each trip or event, the Troop will name an at-home contact person who will be contacted by leaders if there are changes in plans during the activity, or if return times will change by more than 20 minutes.

PART 2:

My son, _____, has my permission to participate in any Troop-sanctioned or BSA Atlanta Area Council-sanctioned trip, event, and activities during the above-stated time frame. I understand that I will receive information giving specific departure and arrival times, planned activities, contact person(s), and any other pertinent information prior to any trip or event. During the activity, I may normally be reached at:

Primary Contact: _____

Address: _____

Phone: (Home) (_____) _____ **(Other)** (_____) _____
(area code) (area code)

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____

Address: _____

Phone: (Home) (_____) _____ **(Other)** (_____) _____
(area code) (area code)

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MEDICAL RELEASE *(continued)*

My son is in good physical condition and has not had any serious illness or operation since his last health examination. I know of no reason why my son should not participate in trips, events, and activities except as specifically noted by me in the BSA Annual Health and Medical Record.

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America (BSA) is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son during all outings, I hereby agree to his participation, and waive all claims against the leaders, officers, agents and representatives of the BSA, while he is on trips, outings, and campouts associated with BSA activities.



IN ADDITION, I agree to the following:

IN CASE OF EMERGENCY, I understand that every effort will be made to contact me. In the event I or my alternate emergency contact cannot be reached, I hereby give my permission to the physician/medical personnel selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my son, as he deems necessary. I agree to pay for all such treatment and to hold the leaders harmless from these expenses or any liability. This form may be photocopied for use off-site.

Parent/Guardian Signature *Date*

Insurance Information:

Name of Insurance Company: _____
Policy Number/Group Number: _____
Name of Policy Holder: _____
Policy Holder Soc. Sec. No: _____

Other Information:

Date of Birth: _____
Health or Medical Problems: _____
Medications and dosages currently being taken: _____
Allergies: _____
Name/Phone No. of Neighbor/Nearby Relative: _____

Parent/Guardian should sign and return the original to the Troop Leader and should keep a copy.