

Event Authorization and Medical Release

BSA Troop 66

Dear Parent or Guardian,

Date: _____

Your son(s) has expressed interest in participating in the following event or function:

What: _____

Where and When: _____

Need to Bring:

Sack Lunch &/or Personal Snacks

Any Physician Prescribed Medication w/instructions

Boy Scout Book & Pen

Spending Money (about \$ _____)

Water Bottle(s)

Hiking/Work Boots

Work Gloves

Personal Camp Gear for Weekend Camping

Merit Badge Book / Event Handout & Pen

Other: _____

Event Cost: _____

What to Wear: Class A Uniform Troop Shirt and/or Hoody Appropriate clothing

Leaving from: _____

Returning to: _____

This Event's Coordinator: _____ Phone(s): _____

Please complete and return the form below if he will be joining us with your permission. Please mark your family calendar now and return this Permission Slip with the fee/cost to the *Senior Patrol Leader NLT* _____ (the Closing Date).

NOTE: Names appearing on the Troop's Event Sign-up Sheet at the time of the closing date for sign-ups are responsible for payment of the trip cost reflected below, regardless of attendance. If you commit to attend, then find you can't go after the closing date, you need to find someone to fill your place. Any outstanding costs will be charged to your Scout Account.

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Parent/Guardian's Authorization and Medical Release

(Return to Scoutmaster/SPL)

Scout's Name(s): _____

What: _____

Where and When: _____

Pay the fee/cost by: Cash in the amount of \$ _____ Enclosed

Check # _____ for \$ _____ Enclosed

Take the full amount from his troop account.

I can volunteer to: Drive scouts to / from the event. I can tow the trailer (if needed).

- My vehicle has seatbelts for the driver plus _____ riders.

- My DL# is: _____ My License Plate # is: _____

I plan to attend the event as an adult leader for all / part of the event.

Hold Harmless Agreement: (Please note any exceptions and medical conditions on the back of this sheet.)

- 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 myself or my child to participate in this activity. I also understand that participation in this activity 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 the activity from any and all claims or liability arising out of this participation.
- I hereby give permission for my son to be transported to/from the place of the Troop activity by the authorized leaders/parents.
- 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 the adult leader in charge 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.

HEALTH INSURANCE CARRIER: _____

HEALTH INSURANCE GROUP NO: _____ HEALTH INSURANCE ID NO: _____

The following phone numbers are given to aid the Leader (or his representative) in locating me. However, I understand that medical treatment may begin even if I cannot be reached.

Home: _____

Work: _____

Cell: _____

My son has my permission to participate: _____

Parent / Guardian

Date

Without restrictions

Special considerations or restrictions: _____