

# Parental/Guardian Permission/Medical Treatment Form & Waiver of Liability

**Event and Dates:** Pack 685 Spring Campout (April 5-7, 2019)

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my son(s)/ward(s) named below on the activity listed above, I agree to his/their participation and waive all claims against the leaders of this trip and officers, agents, and representatives of the Boy Scouts of America. I further agree to waive any claim whatsoever against the owners of the property on which my son(s)/ward(s) will be participating, including specifically any claim for injury suffered during the activity above. In the event of an emergency, the Scout leader(s) has/have my permission to obtain treatment for my son/ward at the nearest medical facility/doctor, at our expense, if our own doctor is not reasonably available. I have noted the emergency phone numbers where I can be reached on the form below, and I will accept long-distance charges.

Name of Scout: \_\_\_\_\_ Den \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent/guardian phone numbers during this event:

Primary: \_\_\_\_\_ Alternate \_\_\_\_\_

Home address/ Alternate address if not at home during scout event: \_\_\_\_\_

Alternate Contact in case of emergency and I cannot be contacted:

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Scout's health plan: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Has your Scout had or is he subject to any of the following:

\_\_\_\_ Asthma                      \_\_\_\_ Heart condition                      \_\_\_\_ Bleeding disorder

\_\_\_\_ Convulsions                      \_\_\_\_ Fainting spells

Does s/he have any medical condition that may require special care, medication, or diet? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

List any allergies to medication, food, plants, insects or other thing: \_\_\_\_\_

All medications (including over-the-counter) are to be given to trip leader with written instructions. I hereby give permission to have those medications dispensed to my son(s)/ward(s).

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date