



TROOP 479

Permission Slip and Waiver of Responsibility

Sponsor: American Legion Post 479

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 considered voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout (sons, wards) namely:

_____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, agents and representatives of the Boy Scouts of America and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if your own doctor is not readily available, and as restricted on the Emergency Data Sheet on file with Troop 479.

(signature of parent or guardian) (Date)

ACTIVITY: _____

EMERGENCY CONTACT INFORMATION

(In addition to personal health and Medical record).

During the activity listed above, I can be contacted at the following phones and will accept long distance calls. If I cannot be reached at either one of these numbers in an extreme emergency, the Outing Leader has my permission to place my son as a Ward of the State for **Major Medical Treatment Authorization**.

Home: (____) _____ Cell: (____) _____ Other: (____) _____

This Scout is highly allergic or sensitive to: _____

What, if any, medication is this Scout taking? _____

Any special instructions for this medication? _____

Do you want the unit leader to carry the medication? YES NO

Use the back of this form for additional information and the explanation of any other problems the unit leader should be aware of.

Date of last TETANUS SHOT/BOOSTER: _____

MEDICAL INSURANCE INFORMATION: Company _____

Policy Number: _____ Control # (if group policy): _____

Physician's Name: _____ Physician's Phone Number: _____