



**BOY SCOUT TROOP 104
ACTIVITY PERMISSION AND WAIVER OF RESPONSIBILITY**

Activity: _____ Date: _____

In consideration of the benefits 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 Scout son(s) namely:

Scout Name(s): _____

On the aforementioned activity, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the troop unit leader of this activity has my permission to obtain medical treatment for this/these Scout(s) at the hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the emergency data sheet on file with Troop 104.

Signature of Parent or Guardian

Date

EMERGENCY INFORMATION:

During the activity listed above, I can be contacted at the following phone numbers, and will accept long distance calls.

() _____ () _____

This Scout is highly allergic or sensitive to _____

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

Any special instructions for this medication? _____

Do you want the unit leader to carry this medication? Yes No

Date of the latest or last tetanus shot/booster _____

Physician's Name _____

MEDICAL INSURANCE INFORMATION:

Company _____

Policy Number _____ Group/Control Number _____

Other Information _____