

Troop 62 Information and Permission Form

2012 Activities

Information (personal and medical data)

Scout Name _____
(Last) (First) (Middle)

Scout Info _____ **S M L XL**
(Birth Date) (Age) (School) (Grade) (T-shirt size – circle one)

Parent(s)/Guardian(s) at home: His - _____
(Name) (Relationship)

Hers - _____
(Name) (Relationship)

Home Address: _____
(Street) (City) (State) (Zip) (email)

Work Address: _____
(Street) (City) (State) (Zip) (email)

Phones: _____
(Home) (Work) (Cell/Pager) (other)

Emergency Contact #1: _____
(Name) (Relationship) (Phone)

Emergency Contact #2: _____
(Name) (Relationship) (Phone)

Emergency Contact #3: _____
(Name) (Relationship) (Phone)

Scout/Family Doctor: _____
(Name) (Phone)

Health Insurance: _____
(Company/Plan) (Group/Plan ID Numbers)

Allergies: No ___ Yes ___ (Please list below.... Include: **medication, foods, plants, materials, etc.**)

(Allergy #1) (Precautions, Treatments, etc.)

(Allergy #2) (Precautions, Treatments, etc.)

(Allergy #3) (Precautions, Treatments, etc.)

(Allergy #4) (Precautions, Treatments, etc.)

Prescription Medications: No ___ Yes ___ (Please indicate below.)

(Drug #1) (Dosage) (Treatments, etc.)

(Drug #2) (Dosage) (Treatments, etc.)

(Drug #3) (Dosage) (Treatments, etc.)

Are there any other relevant physical or behavioral conditions? No ___ Yes ___ (Please explain below)

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Permission (informed consent, hold-harmless release, and medical authorization)

- I understand that Troop 62 is chartered by the Vista Ridge United Methodist Church through the Boy Scouts of America, and that it is a voluntary, not-for-profit organization.
- I understand that weekly troop meetings are conducted at Vista Ridge United Methodist Church, and that monthly camp outs and other outings are held at locations approved by the adult leaders of Troop 62. I also understand that some of the activities of Troop 62 are offered primarily through the troop, while other such activities are sponsored by or use the facilities of the Tonkawa District, the Longhorn Council, or other divisions of the Boy Scouts of America.
- I understand that Troop 62 activities include, but are not limited to, the following:
 - Weekly troop meetings, and occasional patrol meetings
 - Monthly campouts, summer camp, and mystery camp
 - Periodic service and/or conservation projects
 - Occasional fundraisers
 - Possible other outings (hiking, climbing, swimming, boating, shooting, riding, etc.)
- I understand that participation in the activities of Troop 62 involves a certain degree of risk that could result in injury or death. I have carefully considered both the benefits and the risks involved, and hereby give my son/ward, _____ my consent to full participate in the activities of Troop 62. Furthermore, having full confidence that precautions will be taken to ensure the safety and well-being of my child, I hereby release and hold harmless, and waive all claims I may have against Vista Ridge United Methodist Church, Troop 62, Boy Scouts of America, Longhorn Council, Tonkawa District, activity coordinators, troop leaders, all employees, volunteers and/or sponsors associated with these events.
- I understand the need for first aid, so for minor injuries or illnesses I authorize the use of bandages, ointments, pain killers, or any specific medications brought by my son/ward (as limited below).
- I understand that every effort will be made to contact me in the event of an emergency, using the contact information of the reverse side of this form. If I cannot be reached, I hereby authorize the adult leaders present to give first aid treatment and/or CPR before professional medical help arrives, and the licensed health-care practitioner selected by the adult leader in charge to provide proper medical treatment, including (but not limited to) hospitalization, anesthesia, surgery, injections of medication for my son/ward. I have indicated any treatment limitations below.
- LIMITATIONS (e.g., religions--please list allergies on Page 1): _____

A signature is required for authorization by parent(s)/guardian(s) to be valid:

(Name – Please Print)

(Name-Please Print)

(Signature)

(Signature)

(Date)

(Date)