TROOP 89, BSA, PERMISSION SLIP AND MEDICAL RELEASE FORM FOR SCOUT MEMBERS

_____
SCOUT'S NAME (Last, First)

I, _____, PARENT or LEGAL GUARDIAN
Name of PARENT or LEGAL GUARDIAN

of _____, a minor born on _____, give my
Name of SCOUT *Date of Birth*
permission for him to attend all Troop 89 activities during the period of **1 SEPTEMBER 2015** through **31 AUGUST 2016**. I hereby authorize the SCOUTMASTER or ADULT LEADER IN CHARGE to obtain emergency medical treatment, including surgical procedures, which, in the opinion of a competent medical authority, is deemed necessary for the health and safety of said minor. It is understood that every effort will be made to notify me of such an emergency.

_____, _____, _____
Home Telephone *Work Telephone* *Cellular Telephone*

_____ _____
Insurance Company *Policy Number*
- PLEASE ATTACH A COPY OF MEDICAL INSURANCE CARD -

_____ _____
Nearest Relative or Friend *Telephone Number*

Is this scout taking any MEDICATIONS? [___] YES [___] NO

If so, please list (including special instructions):

_____

_____

_____

NOTE: This list is for record keeping and emergency purposes. Unless otherwise instructed, ***the Scout will be responsible for keeping and administering his own medications***. The PARENT or LEGAL GUARDIAN shall notify/remind the SCOUTMASTER or ADULT LEADER IN CHARGE of all medications before each and every activity.

Use of TOBACCO, ALCOHOL, and/or any other SUBSTANCE or PRODUCT *illegal* for purchase, consumption, or usage by MINORS in the *Commonwealth of Massachusetts* is NOT PERMITTED on any Troop 89 activity or function.

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby 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 liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

continued...

TROOP 89 PERMISSION SLIP AND MEDICAL FORM (*continued*):

_____

SCOUT'S NAME (Last, First)

Please check the susceptibility of the following ALLERGIES and/or HEALTH CONDITIONS as appropriate:

	HIGH	MODERATE	NONE
INSECT STINGS/BITES (ANAPHYLACTIC SHOCK)	[___]	[___]	[___]
FOOD ALERGIES	[___]	[___]	[___]
ASPIRIN	[___]	[___]	[___]
NON-ASPIRIN PAIN RELIEVERS (TYLENOL, ETC)	[___]	[___]	[___]
PENICILLIN/ANTIBOTICS	[___]	[___]	[___]
NOVOCAIN	[___]	[___]	[___]
POISON IVY/OAK/SUMAC	[___]	[___]	[___]
ASTHMA	[___]	[___]	[___]
POLLEN (HAY FEVER)	[___]	[___]	[___]

Please list other ALLERGIES/HEALTH CONDITIONS which may pose a HEALTH HAZARD or of which MEDICAL PERSONNEL should be advised prior to administering medical treatment:

_____

_____

_____

_____

_____

Other important MEDICAL INFORMATION:

_____

_____

_____

_____

The undersigned hereby holds harmless Troop 89, the Troop Committee members, the Scoutmaster, the Assistant Scoutmasters, the Adult Leader in Charge, and any other person acting for or on behalf of Troop 89, from and against any and all liability for personal injury or loss of personal property which occurs during the exercise of the power granted by this Permission Slip.

_____ _____

Signature of PARENT or LEGAL GUARDIAN *Date*

- PLEASE REMEMBER TO ATTACH A COPY OF MEDICAL INSURANCE CARD -