

# Troop 278 - Ahwatukee

## Troop Activity Permission Form

### Contact & Medical Information and Release

Scouts Name:

Address:

City:

Zip:

Birth Date:

Home Phone:

Parent/Guardian Name:

Mobile Phone:

Parent/Guardian Name:

Mobile Phone:

Where will you be during this period:

Person to notify if Parents/Guardians cannot be reached:

Name:

Phone:

Mobile Phone:

Scouts Physician Name:

Practice Phone:

Last tetanus, D.T. or D.P.T. immunization Date:

(Check boxes  if none - or explain)

- Drug allergies (penicillin, etc):
- Allergies to insect stings or plants:
- Chronic health problems (asthma, epilepsy, etc):
- Medications taken regularly:
- Restrictions on physical activity:

### Parent/Guardian Consent for Treatment:

In the event of illness or injury of my son/ward, I give permission for any licensed Physician or his designated assistants to give him such medical or surgical treatments as they may consider necessary for his health and safety. I authorize his adult leader, personally or through his designated representative, to obtain such treatment for my son/ward and give consent for such treatment on my behalf. I certify that the medical information contained on this form is complete and correct to the best of my knowledge. Adult leaders may administer recommended doses of the following over the counter medicines:  Ibuprofen  Tylenol  Cough syrup  Benadryl  
( = Approved)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Outing/Activity Permission:

Outing/Activity:

Start Date:

End Date:

My Scout: \_\_\_\_\_ has my permission to attend the above Boy Scouts of America, Troop 278 outing. I understand that in the event of injury, neither the Scoutmaster, nor the assistant scoutmaster, nor other adult leaders, nor the committee chairman, nor the members of the committee, nor the Boy Scouts of America will be responsible and I agree to hold harmless the same.

I have reviewed the activities and believe him able to complete the itinerary. I accept the judgment of the adult leaders. I agree that if in the judgment of the leaders it would not be safe or advisable to go to this area due to weather, etc. they may change the area for the outing without previously contacting me. I further understand that if the above option is exercised, a member of the Troop will attempt to notify me by phone of the change.

I have reviewed any suggested checklists to insure that my Scout has the minimum equipment required for this outing.

As a Scout, I promise to act in a safe manner, live by the Outdoor Code, the Scout Law and Motto.

Signed:

Parent /Guardian: \_\_\_\_\_

Scout: \_\_\_\_\_