

BOY SCOUT TROOP 255 PERMISSION/MEDICAL FORM

(PARENT MUST COMPLETE AND PROVIDE ALL INFORMATION -- PLEASE PRINT)

I give permission for my son _____ to participate in all troop 255 scout activities, including overnight camping trips, during the **Sep/2022 – Aug/2023 season**.

In case of an emergency you can reach me at my cell phone at _____

If I cannot be reached, please contact (name) _____ Cell Phone _____

In case of a medical emergency, I give permission to Scout Leaders Howard Schubert, Dit Cheung, Danelle Brink, John Connelly, Millie Hong, and Ethan Ko to authorize emergency medical treatment for my son.

FAMILY DOCTOR _____ TELEPHONE _____

MEDICAL HEALTH INSURANCE CARRIER _____

POLICY NUMBER # _____

Please list any and ALL allergies to medication, food, plant, insect toxin or any other condition that may require special care, medication, etc.

Please list any and ALL physical restrictions and other vital information.

Date of Last Tetanus Shot _____

I understand that participation in the Scout program offered by Troop 255, through the Greater New York Council, Boy Scouts of America, may involve a certain degree of risk. I have carefully considered the risk involved and hereby give consent to my son named above to participate in the program.

PARENT'S NAME (PRINT) _____

Parent's Signature _____ Date _____

This form **MUST** be notarized and accompanied by a BSA medical form.