

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 2010** through **31 AUGUST 2011**. 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.

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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOD ALLERGIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASPIRIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NON-ASPIRIN PAIN RELIEVERS (TYLENOL, ETC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PENICILLIN/ANTIBIOTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOVOCAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POISON IVY/OAK/SUMAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POLLEN (HAY FEVER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 -