

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

As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this Scout to participate in any scheduled outing with Troop 1.

I give my permission to the leaders of the above unit to render first aid should the need arise. In the event of an emergency, I also give my permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I understand that scouting activities involve risk of personal injury or death. Although Troop 1 leaders will encourage safe behavior, I also understand that they are volunteers and not outdoor recreational or youth activity professionals.

I hereby release Troop 1, the Boy Scouts of America, and the adult leaders, parents, and scouts of Troop 1 from all claims and liability arising out of Troop 1 activities or first aid or other medical care authorized above, except in cases of gross negligence or intentional misconduct.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Parent or Guardian) (Parent or Guardian)

Date: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency, I can be reached by phone at \_\_\_\_\_

or \_\_\_\_\_, or \_\_\_\_\_

If I cannot be reached, please contact \_\_\_\_\_ at \_\_\_\_\_

or \_\_\_\_\_, or \_\_\_\_\_

Scout Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Plan # : \_\_\_\_\_ Group #: \_\_\_\_\_

Member or Subscriber ID: \_\_\_\_\_

Doctor Name, Telephone # \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies / Known Medical Conditions: \_\_\_\_\_

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