

Crew / Troop 128 Activity Permission Slip

Scout's name: _____

I give my permission for my son/daughter to participate in the following activity:

_____ (event) starting on ___/___/___ (date) and ending on ___/___/___ (date)

During this time someone can be reached at: (Name) _____ @ (phone) _____

(Name) _____ @ (phone) _____

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant.

Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____ None _____

Adult Attendance: Y / N Name(s): _____ Driver: Y / N # Seat Belts: _____

Any change in insurance from last event? Y / N (If yes, please provide a copy of both sides of the updated insurance card.)

Parent or guardian name (printed): _____

Signature of parent or guardian: _____ Date: ___/___/___

----- (Troop Leadership to fill in this section) -----

Paid: Y / N cash / check# _____ / voucher \$ _____ Health Form provided: Y / N Ins Card Provided: Y / N

Driving form turned in? Y / N Health Form and Insurance Card on file: Y / N

Crew / Troop 128 Medication Form

Scout Name: _____

Activity Dates: ___/___/___ to ___/___/___

List all over-the-counter and prescription medications that will be taken during this outing. In a ziplock bag, provide enough medication for the duration of the outing along with written dispensing instructions. Keep medicine in the original packaging that identifies medication name, dosage, frequency of administration and prescribing doctor (if a prescription drug).

Medicine Name	Dosage	Time	Special Instructions

Signature of parent or guardian: _____

Date: ___/___/___