

## Troop 624 Parental Permission/Release/Medical Treatment Form

I give permission for my son(s) \_\_\_\_\_  
to attend a BSA Troop 624 sponsored event at Sinoquipe Scout Ranch in  
Fort Littleton, Pennsylvania on June 30 – July 6, 2013. In the case of injury  
or illness, I authorize Troop 624 to render emergency first aid and/or seek all  
necessary medical attention for my son. In such cases, I understand that I  
will be notified as soon as possible. I certify that my son possesses no  
physical condition which precludes his full participation in activities  
associated with this event except for the conditions, allergies or precautions  
listed on the reverse of this form and/or on the accompanying emergency  
medical treatment form. I understand that medical personnel and first aiders  
will rely on the completeness of the accompanying medical information I  
have provided.

*Express Liability Waiver:* I understand that outdoor and sports activities  
inherently involve risks that can result in serious injury; I hereby assume the  
risk for all such hazards, and agree to hold harmless and blameless the  
leadership of Troop 624 (including members of Troop 624's committee and  
any adults participating in or providing assistance to the activity) and St.  
Ann Parish in the event of any injury or illness resulting from my son's  
participation in this activity.

In case of an emergency during this activity, please contact:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number(s)

Alternate (in case above cannot be reached):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

## Troop 624 Emergency Medical Treatment Form for Scouts

Emergency Treatment Release Statement: I hereby authorize Troop 624's Adult Leadership and/or any licensed physician, EMT or other qualified hospital personnel to render medical treatment to my son \_\_\_\_\_ which, in their judgment, is necessary in the event of illness or injury. I understand that, in all such cases, I will be notified as quickly as possible.

\_\_\_\_\_  
(Signature of Parent or Guardian) (Date)

Scout's Full Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

Mother's Work Number: \_\_\_\_\_

Additional Permanent Emergency Number: \_\_\_\_\_

Name of person to contact at this additional number: \_\_\_\_\_

Relationship to Family: \_\_\_\_\_

Please list any and all allergies, special medical conditions, special medications or health problems a first aider or medical practitioner should be aware of prior to treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any and all medications that your son takes on a regular basis. Please include amounts taken, number of daily doses and routine administration times:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any medications that you know of that are contraindicated for medications your son is currently taking on a regular basis?

\_\_\_\_\_  
\_\_\_\_\_

Blood type (if known): \_\_\_\_\_

Does your son wear contact lenses?: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Medical Insurance Policy Name and Number: \_\_\_\_\_

Emergency (or Prior Approvals) Phone Number: \_\_\_\_\_