

PERMISSION FORM | BOY SCOUT TROOP 584

TRIP NAME: _____

START DATE / TIME: _____ / _____

END DATE / TIME: _____ / _____

SCOUT'S

FULL NAME: _____

HOME _____

ADDRESS: _____

BIRTH DATE: ____ / ____ / _____

EMERGENCY PHONE: _____

MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS, ETC.:

INSURANCE COMPANY: _____

POLICY NUMBER: _____

You are giving your permission for your Scout to participate in the authorized Scout activity as indicated on this form.

It is agreed that neither the Boy Scouts of America (BSA) nor any Adult Troop Leader (ATL) will be liable for injuries arising out of such Scout activities. The undersigned specifically authorizes the BSA and any ATL to secure any and all medical treatment necessary in the opinion of such ATL for injuries or illnesses while engaged in the heretofore mentioned activities. This authorization also constitutes consent to any and all medical personnel or institution to perform such medical treatment, as they or it deem necessary to the above named Scout due to injury or illness. The undersigned further states that the Scout named above has the above indicated allergies, medications and/or medical conditions and has given or will give all special medication to the ATL. The Scout herein named is covered by medical/accident insurance as described herein.

PARENT/GUARDIAN:

(SIGNATURE REQUIRED)

PRINTED NAME:

DATE: _____

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