

BOY SCOUTS - TROOP 6 POINT PLEASANT BEACH - PERMISSION SLIP

My son _____ has my permission to participate with Troop 6 in the (event) _____ at (location) _____ scheduled for (date(s)) _____ to _____. This permission slip also authorizes interstate, intrastate, and international travel as necessary for this outing.

My son has the following medical concerns and/or allergies and/or medications being taken or to be taken by him and/or should be restricted from the following activities: [] - check if none

(Please check box or write NONE if there are no concerns or restrictions)

In case of emergency, I may be contacted by phone at _____ or _____

or alternate phone/pager# _____. If I cannot be reached, please contact my alternate contact:

Name: _____

Phone: _____ Relationship: _____

I understand that the above named event may be a high adventure wilderness trip where immediate professional medical attention may not be readily available, and in fact may be delayed for several hours. I hereby give permission to the leaders of the above unit to render any and all necessary First Aid as needed under the circumstances. I also give permission to the physician(s), selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, and/or secure any and all other medical treatment(s) as needed.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence.

If my designated contact(s) cannot be reached, or if a delay in medical attention would jeopardize my son's well being, I hereby authorize the physician(s) selected by the adult leader to administer whatever medical treatment the physician(s) deems appropriate.

My Health Insurance Company is: _____

My policy number is: _____

My son's insurance identification number is: _____

Signature of Parent or Guardian

Date

Print name of Parent or Guardian