

TROOP 62 PERMISSION SLIP & HEALTH HISTORY

My son / guardian \_\_\_\_\_ has permission to participate in all activities of BSA Troop 62 South Windsor, Connecticut for the calendar year 2017/2018 including but not limited to camping trips, day hikes, and community service events.

Parent / Guardian Contact numbers:

Name \_\_\_\_\_ Parent / Guardian \_\_\_\_\_

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

Phone number (with Area code): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email address \_\_\_\_\_

IN CASE THE ABOVE CANNOT BE REACHED, NOTIFY:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

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

Phone number (with Area code): \_\_\_\_\_ Cell: \_\_\_\_\_

My son has a history of: \_\_\_ Bleeding Disorders \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Heart Trouble  
\_\_\_ Seizures \_\_\_ Fainting \_\_\_ Learning Needs \_\_\_ Other (Specify)

He requires the following treatment / intervention for the above noted issues \_\_\_\_\_

Allergies (Including food, medication, insect toxin or seasonal) \_\_\_\_\_

Treatment if exposed: \_\_\_\_\_

Dietary restriction \_\_\_\_\_ Religious restrictions \_\_\_\_\_

Activity restrictions for medical reasons: \_\_\_\_\_

One important thing you should know about my son is \_\_\_\_\_

In the event of an emergency:

Medical Doctor (name / phone) \_\_\_\_\_

Dentist (name / phone) \_\_\_\_\_

Our health/accident insurance company is \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

DATE OF LAST TETANUS INNOCULATION \_\_\_\_\_ Other inoculations are current: Yes / No \_\_\_\_\_

PLEASE NOTE THAT IF YOUR CHILD REQUIRES ONE-ON-ONE SUPERVISION, YOU NEED TO MAKE ARRANGEMENTS FOR THAT SUPERVISION

I also understand that should my child present a severe behavioral problem or fail to meet leadership expectations, I will be notified and arrangements will be made to send the child home at my expense..

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

By signing this form I acknowledge that my son agrees to live by the Boy Scout Oath and Law while at any scouting event. In addition, I may be asked to pick up my son if he chooses not to follow them.

SIGNATURE \_\_\_\_\_ (Parent / Guardian) DATE \_\_\_\_\_