Boy Scouts Of America − Troop 1 − Roseville

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BOY SCOUT ACTIVITY
(Applies to all youth participants under the age of 18)

To Whom It May Concern:

Scout (print name): .....

Address: .....

Date of Birth: ..... Phone: **(** ..... **)** .....

has my permission to participate in: .....
(Activity Title)

to be held: ..... at .....
(Date) (Location)

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above. My son and I understand the Scout Oath and Law are the basis for appropriate and safe behavior at any Troop outing or function. If at any time during a Troop outing the Adult Leaders of Troop 1 deem my son's behavior inappropriate or unsafe; I will be responsible for his transportation home from the outing. I agree to provide a phone number where I may be reached, or designate a responsible relative or adult to transport my son home should the need ever arise. I further understand that I may be held financially liable for the replacement or repair, disposition at the Troops discretion, of any Troop equipment damaged due to neglect or misuse. Liability may be whole or on part, shared by the patrol, depending on circumstances. Responsibility will be determined by the Tour Leader and Scoutmaster.

Date: ..... Signed: ..... Relationship: .....
(Parent or Guardian)

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned hereby authorizes: .....
(Print name of tour leader)

or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by an to be rendered under the general or special supervision of any licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is en-route to or from or participating in the above noted activity.

Date ..... Signed: .....
(Parent or Guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: ..... Phone: (.....) .....

Alternate Contact: ..... Phone: (.....) .....

Physician: ..... Phone: (.....) .....

Medical Insurance Information:
Company or Provider: ..... Policy No. .....

☐ Check here if there are any medical conditions or necessary medications, or other pertinent medical information and indicate that information on the reverse of this form.

This form is to be retained by the tour leader or designee while on the outing.