TROOP 14 HOLLISTON PERMISSION SLIP AND/OR WAIVER OF RESPONSIBILITY

Activity: _____

Location: _____

Departure date: _____ Return Date: _____ Activity Leader: _____

PLEASE FILL OUT FORM IN FULL

PARTICIPATION WAIVER for my son, name: _____

In consideration of the benefits to be derived, and since the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my Scout son, named above on the activity identified above, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of Troop 14 Holliston MA and the Boy Scouts of America, and its associations.

Upon an emergency, illness, or accident during the activity identified above, I understand every effort will be made to contact me. In the event that I cannot be reached in a timely manner and our own doctor is not readily available, the troop or unit leader of the activity identified above has my permission to obtain without delay medical treatment as judgment of medical personnel dictates. Proper medical treatment may include hospitalization, anesthesia, surgery, or injections of medication for my son.

Signature of Parent or Guardian: _____ Date: _____

Printed Signature of Parent or Guardian: _____

EMERGENCY INFORMATION: (Required update for troop Health and Medical Records).
During the activity identified above, we / I can be contacted at the following phone/ locations:

(____)_____/_____ or (____)_____/_____.
phone / location phone / location

If we/ I can not be reached please contact:*(name*)_____ at (phone)_____

Scout's physician _____ Phone:_____

Scout's
Allergies:_____

Scout's Currently prescribed medication: _____

Instructions for dispensing this medication: _____

Do you want the unit leader to carry this medication? No__ yes__
(Please have medication clearly marked and preferably in original container clearly marked with Scout's name)

Family Medical Insurance:

Company: _____ Policy # _____ Group # _____

To be completed by troop scribe

FEES PAID: Adult food_____ Adult camp fee_____ Scout food_____ Scout Camp fee_____

Received by_____ Date: _____