

BSA TROOP 49
ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

_____ Birth date ___/___/___ Age during activity ___

 First Name Middle initial Last name

_____ City _____ State _____ Zip _____
 Address

Has approval to participate in _____, from _____ to _____
 Troop Event Date Date

Submission of this PERMISSION FORM authorizes payment in full for cost of activity and associated costs by removal of those funds from Scout's Individual Scout Account

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION:

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____, or NONE

 Participant's signature Date

 Parent/guardian signature Parent/guardian printed name Date

Parent Emergency Contact Phone Number (s) _____ Indicate if Travelling YES NO

Alternate Emergency Name and Contact _____

Please Note: A Parent will be called for any emergency or non-emergency issue(s) which may result in the need for the scout to be picked up by parent.

My child has the following condition(s) and level of severity:

Food Allergies: _____, or NONE

Insect/Bee Sting: _____, or NONE

Medication Allergies: _____, or NONE

Environmental Allergies: _____, or NONE

Other Condition(s): _____, or NONE

There is a change to the information submitted on my son's medical form or insurance information- the update is attached.

Non-prescription medication administration is authorized with these exceptions: _____, or NONE

My child will use medication that will need to be taken during this outing. Troop 49 requires ALL prescription and non-prescription medications be in original bottle, labeled for recipient, held by and dispensed by an Adult Scout Leader. Please deliver medication(s) to Troop Event Medical Volunteer at Scout drop off and advise any instructions. If your son refuses to take any required medications or there are other issues requiring parental attention, you will be called and may need to pick up your son from the outing.

List all medications currently used, including any over-the-counter medications:

Medication - Dose - Frequency - Reason - Possible Side Effects

Additional medications and any special notes are written on the back of this form