

## Troop 1158 Universal Medical Permission and Release Scout

\_\_\_\_\_ (Scout's name), in consideration of the benefits to be derived and having confidence that normal precautions will be taken to ensure the safety and well-being of my Scout, has my permission to participate in Troop 1158 activities for the one year period beginning on 1 April 2010 and extending through 31 March 2011 (consistent with the Troop charter and BSA registration period.) These activities include, but are not limited to, scheduled meetings and other Troop sponsored activities, outings, hikes and campouts.

As the legal guardian, I wish to inform the Troop 1158 Scout Leaders and other medical professionals of the following information concerning the above named Scout (please use the back of this form or additional paper, as necessary):

**Current or past medical conditions** or restrictions, which may impact medical treatment, are:

**Medications, which must be given regularly** (or as needed), and their frequency and dosage are:

(Medications must be provided to the activity leader in the original prescription container, with the instructions, medication name, and doctor's name legible.)

**Scout's SSN/ BSA Membership Number:** \_\_\_\_\_

Physician Name \_\_\_\_\_

Phone: \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Policy or ID Number(s): \_\_\_\_\_

In the event that I cannot be reached in an emergency, I hereby give permission to the Troop 1158 Scout Leader(s) to obtain medical attention from a physician and/or a hospital. I give my permission for the physician and/or the hospital to treat this Scout in accordance with customary medical practices. I agree to pay for any and all costs that may not be covered by my Insurance policy.

My child is presently considered physically fit to participate in Troop 1158 activities (other than the restrictions listed above.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Home phone: \_\_\_\_\_

Home address \_\_\_\_\_

Home Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work address \_\_\_\_\_

Work Email: \_\_\_\_\_

Note: Return this form to the Scoutmaster, or a designated Troop 1158 activity leader, prior to attending any Scout activity. This form, or a copy of it, will accompany the Scout while he participates in any Troop activity. Scouts, who do not have a copy of this form on record with the Scoutmaster, must be accompanied during any Troop functions by one of his parents, or a legal guardian, who is also registered as a BSA adult Scout Leader.

## **Troop 1158 Universal Medical Permission and Release Adult**

\_\_\_\_\_ (Adult participant's name), in consideration of the benefits to be derived and having confidence that normal precautions will be taken to ensure my own safety and well-being, acknowledge that I may be a participant in Troop 1158 activities for the one year period beginning on 1 April 2010 and extending through 31 March 2011 (consistent with the Troop charter and BSA registration period.) These activities include, but are not limited to, scheduled meetings and other Troop sponsored activities, outings, hikes and campouts.

I wish to inform the other Troop 1158 Scout Leaders and other medical professionals of the following information concerning myself, in case I am unable to answer for myself and require medical attention (please use the back of this form or additional paper, as necessary):

**Current or past medical conditions** or restrictions, which may impact medical treatment, are:

**Medications**, which must be given regularly (or as needed), and their frequency and dosage are:

(Medications must be provided to the activity leader in the original prescription container, with the instructions, medication name, and doctor's name legible.)

SSN/ BSA Membership Number: \_\_\_\_\_

Physician: Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Policy or ID Number(s): \_\_\_\_\_

In the event that I cannot speak for myself in an emergency, I hereby give my permission to the Troop 1158 Scout Leader(s) to obtain medical attention from a physician and/or a hospital. I give my permission for the physician and/or the hospital to treat me in accordance with customary medical practices. I agree to pay for any and all costs that may not be covered by my Insurance policy.

I am considered physically fit to participate in Troop 1158 activities (other than the restrictions listed above.)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_

Home phone: \_\_\_\_\_

Home address \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work address \_\_\_\_\_

Email: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Note: Return this form to the Scoutmaster, or a designated Troop 1158 activity leader, prior to attending any Scout activity. This form, or a copy of it, will accompany the Adult Scout Leader, or parent, while they participate in any Troop activity.