Troop 1107 Activity Consent Form and Approval by Parents or Legal Guardian

Name of Participant _____ ___ _____
(First) (MI) (Last)

Birth date (month/day/year) _____ Age during activity _____

Address_____
(Need street address if you have a P.O. Box)

City_____State _____ Zip _____

has approval to participate in _____
(Name of activity, orientation flight, outing trip, etc.)

from _____ to _____. Activity Cost: $_____ □ Paid □ Not Paid
(Date) (Date)

□ Without restrictions

□ Special considerations or restrictions: _____

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the 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.

Participant's signature _____ Date _____

Parent/guardian printed name _____

Parent/guardian signature _____ Date _____

Home #: _____ Cell 1: _____ Cell 2: _____

E-mail: _____
(for use in sharing more details about the trip or activity)

Emergency Contact_____ Home: _____ Cell: _____

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Contact the adult tour leader with any questions:

Name_____

Phone_____ E-mail_____

Troop 1107 Medical Information and Consent to Administer Form

Name of Participant _____ ___ _____
(First) (MI) (Last)

I authorize the adult leaders of Troop 1107 to administer the prescription medications as shown below. In the event of an emergency, I understand that every effort will be made to contact me/my designated emergency contact at the numbers provided below. If contact cannot be made, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult). Unless I have noted otherwise below, there is no medical history [physical challenges, conditions, allergic reactions, etc.] about which a physician would need to know. Parent/Guardian Initials _____

Medical Information	Symptoms/Reactions	Medications & Dosage
Acute Med Conditions:		
Chronic Med Conditions:		
Drug Allergies:		
Food Allergies:		
Diet Restrictions:		
Other Restrictions:		
Check all that apply: ☐ **Inhaler** ☐ **Epi-pen** ☐ Glasses ☐ Contacts ☐ Braces ☐ Retainer ☐ Other_____		

Comments:

_____

_____

_____

In addition, I authorize the leaders of this troop to dispense the over-the-counter medications I have marked below:

Over the Counter Medications		
☐ Acetaminophen (brand or generic)	☐ Dristan Allergy Caps (or similar product)	☐ Bactine First Aid Spray
☐ Ibuprofen (brand or generic)	☐ Benadryl (brand or generic)	☐ Mycitracin (Neosporin)
☐ Maalox Tabs (or similar product)	☐ Imodium (or similar product)	☐ Topical Hydrocortisone
☐ Sunblock (to be applied by scout)	☐ Other Medicine: _____	

Date of Last Physical: _____

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☐ I am available to drive (if driving complete info below) ☐ I am not available to drive

Driver's license # _____ State _____

Vehicle Year / Make / Model: _____ # of Passenger Seatbelts: _____

Insurance Carrier: _____

Liability Each Person: _____ Liability Each Accident: _____ Property Damage: _____