

Troop 259 Scout Activity Permission Form



_____ has my permission to attend and participate in the following
(Scout's Name(s) - please print)

Troop 259 Boy Scouts of America activity: _____
(Activity - please print) (Date from/to)

Without Restrictions With Restrictions _____
(Restrictions)

_____ (initial) **HOLD HARMLESS AGREEMENT**

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this 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.

_____ (initial) **TRANSPORTATION AGREEMENT**

I understand that at any time during my son's stay at a Troop 259 outing I may be called on to transport my son from camp for medical reasons. I commit to being available for the duration of the campout by phone should I need to be contacted by the adult troop leaders at camp. Furthermore, upon consultation with the adult troop leaders I agree to pick up my son within _____ hours of being contacted. I will also provide a second level contact to be prepared for unforeseen circumstances.

<u>Primary Contact:</u> _____ <small>Printed Name of Parent/Guardian:</small> _____ <small>Cell Number:</small>	<u>Secondary Contact:</u> _____ <small>Printed Name of secondary contact:</small> _____ <small>Cell Number:</small>
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_____ Signature of Parent/Guardian: _____ Date:



T-259 Medication Form

Circle Ten Council BSA

Scout's Name: _____ Patrol: _____

Medication	Strength	Time	Amount	Reason	Side Effects

_____ Signature of Parent/Guardian: _____ Emergency Contact phone number