

Troop 208 ACTIVITY PERMISSION FORM

◆ To be carried by trip leader ◆

Occoneetchee Council, Boy Scouts of America - 3231 Atlantic Ave., Raleigh, NC 27604 - 919/872-4884

Waiver of Responsibility

In consideration of the benefits to be derived, and in view of the fact that 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/daughter/ward, namely: _____ on the Scouting activities to be held from March 1, 2007 through March 15, 2008, I agree to his participation and waive all claims against the leaders of these trips, officers, agents, representatives of the Boy Scouts of America, and the sponsor.

Activities planned for the coming year include, but are not limited to: camping, hiking, swimming, canoeing, kayaking, skiing, sailing, repelling, mountain biking, and climbing. If you do not wish the Scout to participate in one or more types of activities, please list them here: _____.

In the event of an emergency, the troop's unit leaders have my permission to obtain medical treatment for my son/ward at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted below.

Signature of Parent or Guardian _____ **Date:** _____

Emergency Information

(In addition to the Class III Personal Health History Forms which the Crew has on file.)

During activities, I can be contacted at one of the following phones and will accept long-distance calls:

() _____ () _____ () _____

In case you are not at home, please give other information for secondary contact person and relationship to the family:

This Scout is highly allergic or sensitive to: _____

What medication can he be given if an allergy attack occurs? _____

What, if any medication is this Scout taking? _____

Dosage: _____ *How many times a day?* _____ *Times to be given:* _____

Do you want the unit leaders to carry the medication? Yes No

Date of the latest or last tetanus shot/booster: _____

Restrictions on medical treatment, if any: _____

Use the back of this form for additional information or explanations of any other problems the activity leader should be aware of

Medical Insurance Information

Company: _____

Policy Number: _____ Control Number, if group policy: _____

Other. _____