

Permission slip for Troop 17

As the parent or legal guardian of:

Scout's Name: _____ Date of Birth _____

I hereby give my permission for him to participate in the outing with Troop 17 listed below.

Date: _____ Location: _____

PERSONAL HEALTH AND MEDICAL HISTORY

Allergies: (Foods, medicines, insects, plants) _____

Explain: _____

General information:

ADAH	yes	no	Kidney disease	yes	no	Convulsions/seizures	yes	no
Heart Trouble	yes	no	Diabetes	yes	no	High Blood Pressure	yes	no
Cancer/Leukemia	Yes	no	Hemophilia	yes	no	Asthma	yes	no

Other Medical Conditions/Information you would like to share with the leaders: _____

List any medications to be taken on this trip: _____

Prescriptions:

The following is according to the BSA rules and polices book Guide to Safe Scouting.

“The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual’s parent or guardian.”

List any physical or behavioral conditions that may effect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

Immunizations are current to school standards: yes no Date of last Tetanus Toxoid: _____

EMERGENCY INFORMATION

Home Address: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Cell Phone: _____ Cell Phone: _____

Family Physician: _____ Phone: _____

Health Insurance carrier: _____ Policy # _____

Emergency telephone number of a friend or relative who may be called in an emergency if neither parent can be reached. _____

Name	Relationship	Telephone
------	--------------	-----------

I give my permission to the leaders of the unit to render first aid, should the need arise. In the event emergency treatment is necessary for my child and if we, the parents for the responsible adult indicated above, cannot be reached, the Troop 17 leaders are authorized to take my child to a hospital, doctor, or an appropriate medical facility for necessary evaluation and treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

Parent's/ Legal Guardian's Signature: _____

Date: _____