

# Permission Slip and Waiver of Responsibility

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available. Troop 1 Boy Scouts of America Sponsor: Brentwood United Methodist Church

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(s)/ward(s),

Namely:

*Name of Scout:* \_\_\_\_\_

On; All BSA Troop One Activities: Jan. 1, 2020 – Jan. 31, 2021  
Activity: \_\_\_\_\_ Date(s): \_\_\_\_\_

I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

This Scout is highly allergic or sensitive to:

\_\_\_\_\_  
What, if any, medication is this Scout taking?

\_\_\_\_\_  
Any special instructions for this medication:

\_\_\_\_\_  
Do you want the unit leader to carry the medication?  Yes  No

Use the back of this form for additional information and for explanation of any other problems of which the activity unit leader should be aware.

Date of last tetanus shot / booster: \_\_\_\_\_

Medical insurance information:

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Control group number: \_\_\_\_\_

During the activity listed above, I can be contacted at the following phones and will accept long distance calls.

(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- and (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

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

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