

# Boy Scout Troop 230

## Parental Consent Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address:

Street Address City State Zip Code

PARENT	HOME NUMBER	CELL NUMBER	WORK NUMBER
MOTHER:			
FATHER:			

**TO WHOM IT MAY CONCERN:** The undersigned does hereby grant permission for my (our) minor child, \_\_\_\_\_ to participate in outdoor activities conducted by Boy Scout Troop 230 from \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_. I (we) authorize the tour leader or adult in whose care the minor child has been entrusted to consent to any necessary medical procedure including, but not limited to, x-rays, anesthetic, or related emergency surgical or hospital care including, but not limited to, emergency surgery or medical treatment that may be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

A reasonable effort, as is deemed practical, will be made to contact the parent/guardian by the adult in whose care the child has been entrusted prior to medical treatment.

The undersigned agrees to assume all responsibility for any and all associated expenses incurred in connection with any medical and/or dental services that may be rendered to the aforementioned minor child as might occur during any activities sponsored by Boy Scout Troop 230 pursuant to this authorization. Should it become necessary for my (our) child to return home due to medical reasons or any other reason deemed necessary and appropriate by the tour leader or the adult in charge, the undersigned shall assume all transportation costs.

The undersigned does also hereby grant permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor child has been entrusted while attending and participating in the activities by Boy Scout Troop 230.

Health / Hospital Insurance? (Please circle one) **YES** **NO**

Health Insurance Policy Number	Insurance Company
Minor's Physician	Physician's Phone Number

List all allergies or special medical conditions. (Continue on back if needed)

\_\_\_\_\_

List all any medications that the scout is on presently. (Continue on back if needed)

\_\_\_\_\_

The Leaders carry some over the counter medications such as Tylenol. List any of these that may be administered.

\_\_\_\_\_

If parent/guardian is unable to be contacted in the event of an emergency, please contact:

Name	Phone Number	Cell Number	Relationship

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_