

Parent Consent & Emergency Form

Boy Scout Troop 161, Shoreham, New York

Trip Name: _____

Date: _____

In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution has been and will be taken to ensure the safety and well being of my son, _____ during this activity, as his parent or guardian I, _____ hereby agree to his participation in the above trip. I waive all claims against the leaders of this activity and officers, agents, and representatives of the BSA if my son is found to be negligent in his duty to act responsibly or if other persons or organizations are found to be at fault.

IN CASE OF EMERGENCY: A call will be made to a parent or a designate before taking the Scout to a doctor or hospital. If neither parent nor designate can be reached, this permission form will allow treatment to be secured. Continued attempts will be made to reach the parent or designate until they are reached.

I hereby give permission to the leaders of this trip to secure transportation of my son to a doctor or a hospital for treatment. I also give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject or administer drugs in conjunction with such an emergency.

Parent/Guardian: _____

Date: _____

Parent day phone number: _____

Parent night phone number: _____

Emergency contact #1 (with phone number): _____

Emergency contact #2 (with phone number): _____

Allergies (food, medications, etc.): _____

Other pertinent information: _____

PLEASE PROVIDE THE FOLLOWING INSURANCE INFORMATION, IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE"

Family Medical Insurance Company		Policy No.
Address of Insurance Company		
Phone Number of Insurance Company		