



Scouts: BSA Troops 320B & 320G Occoneechee Council

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR SCOUT ACTIVITY

(Applies to all youth participants under the age of 18)

Scout (print name): _____
Address: _____
Date _____ Of _____ Birth: _____ Phone: _____

has my permission to participate in: _____
to be held: _____ at: _____
(Date) (Location)

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge my scout is physically fit to engage in the activity described above. My scout and I understand the Scout Oath and Law are the basis for appropriate and safe behavior at any Troop outing or function. If at any time during a Troop outing the Adult Leaders of Troop 320 deem my scout's behavior inappropriate or unsafe; I will be responsible for his or her transportation home from the outing. I agree to provide a phone number where I may be reached, or designate a responsible relative or adult to transport my scout home should the need ever arise. I also agree to ensure that any fees (event, food, etc.) are paid to the tour leader or other appropriate recipient (e.g. person purchasing food for my scout).

Date: _____ Signature: _____ Relationship: _____
(Parent/Guardian)

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize _____
(Print name of tour leader)

or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, Scout Camp, or elsewhere. This authorization will remain effective while the above minor is in route to or from or participating in the above noted activity.

Date: _____ Signature: _____
(Parent or Guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: (____) _____
Alternate Contact: _____ Phone: (____) _____
Physician: _____ Phone: (____) _____

Medical Insurance Information:

Company or Provider: _____ Policy No. _____

- *Place any medications required by your scout in a clear Ziploc bag with his name and dosages clearly indicated.**
- *Please list any medical conditions, necessary medications, or other pertinent medical information on the reverse of this form.**

This form is to be retained by the tour leader while on the outing.