

**2011 Troop 2, Milford MA / Knox Trail Council BSA
Parental Permission Slip**

Scout's Name _____ Address _____

City/Town _____ State _____ Zip _____

Health/Accident Insurance Co. _____ Policy No. _____

Prescription Ins. Carrier (if different from above) _____

Rx ID No. _____ Rx Group No. _____

MD NAME _____ PHONE # _____

Have or subject to (check if yes):

Asthma Fainting Spells Convulsions Allergy to any medication, food, Condition that may require
 Diabetes Heart Trouble Bleeding Disorders plant, animal, or insect toxin special care, or diet

Have difficulty with (check if yes):

eyes, ears, nose, throat digestion bed-wetting lungs sleep-walking

Check here if none of the above applies

Any condition now requiring regular medication? Name of Medication _____

Any restriction of activity for medical reasons? If yes, explain _____

Please use reverse of this form for further explanations of condition and/or medication if needed

PARENTAL AUTHORIZATION: I have read, understand, and agree to the following waiver:

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 insure the safety and well being of my scout on this activity, I agree to and support his/her participation. I waive any and all claims against the leaders of this trip and officers, agents, and representatives of the Boy Scouts of America.

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my son.

Signature _____ Date _____

Home Phone No. (____) _____ Alternate Telephone No. of relative or neighbor (____) _____

I authorize ONLY the following people to remove my son from the activity and/or tour site:

NAME

RELATIONSHIP

_____	_____
_____	_____
_____	_____