

Permission to Participate and Medical Release Form

_____ has my / our permission to attend and participate in
the activities at the upcoming _____ event to be held at
_____ on the date(s) of
_____ through _____.

Scout's Date of Birth: _____ Scout's Social Security No. _____

In the event of an accident, injury, or illness, the adult advisors and Unit Leaders are hereby authorized to secure any and all medical services that my Scout may need. I/WE UNDERSTAND AND ACKNOWLEDGE THAT I/WE WILL BE RESPONSIBLE FOR ANY AND ALL MEDICAL, SURGICAL, MEDICATION, AND TRANSPORTATION COSTS WHICH MAY BE INCURRED ON BEHALF OF MY SCOUT.

Parent(s) or Guardian(s) Signature

Date

Home Phone Number

Work Phone Number

Name of Scout's Doctor

Doctor's Phone Number

If unable to contact the above individuals, I/we hereby grant permission to contact:

Friend, Neighbor, or Relative

Phone Number

MEDICAL INSURANCE INFORMATION:

Insurance Company

Policy Number

IF YOUR SCOUT HAS ANY EXISTING MEDICAL CONDITIONS, IS CURRENTLY TAKING ANY MEDICATIONS, OR HAS ANY KNOWN ALLERGIES, PROVIDE THIS INFORMATION ON THE BACK OF THIS FORM.