ANNUAL PERMISSION SLIP

BOY SCOUTS OF AMERICA - TROOP 947 SCOUT'S NAME_____

Permission Slip / Medical Release for Mar. 2017 - Feb. 2018 Troop Activities

My son has my permission to participate in Troop events. I understand the inherent risk in Troop activities and give my permission for my son to participate, except as noted below. I have advised my son that no Scout will be forced to participate in any activity and have encouraged him to take part in all activities in which he feels comfortable. In consideration of the benefits to be derived from my son's participation in these activities, I expressly waive all claims against Lord of Life Lutheran Church, Troop 947, its leaders, the Dan Beard council and the Boy Scouts of America due to any accident, injury, illness, or damage that my result from or be incident to my son's participation in Troop events.

My son is in good physical condition. Yes / No *(if "no" explain any types of activities to be excluded for physical/health reasons and any potentially limiting physical condition below.)*
I have advised the adult leaders of all medication (prescription and over-the-counter) that my son must take. I will provide the medication **in the original container** with written instructions concerning dosage and medication times to an adult leader before the departure time of the activity. I have instructed my son that it is his responsibility to take his medications. I will advise the adult leaders and provide written instructions concerning any special dietary requirements my son may have.

To avoid unnecessary delay in treatment, I give permission for any adult leaders of the Troop, when it has been determined that I/other emergency contacts provided cannot be **immediately contacted**, to make any **medical decisions concerning my son's welfare** and to consult with any doctor, hospital, or clinic concerning the best treatment of my son as necessary during the period of the event. I understand that "immediately contacted" means a telephone call to the personal and emergency numbers listed below, which does not result in contacting me or the other emergency contacts provided. I authorize any and all emergency care necessary for treating injuries or illness involving immediate danger to life or limb. I further authorize and release any physician or other qualified medical personnel to administer nonemergency care necessary to treat minor injuries or illness to my son. I authorize necessary treatment, such as; suturing superficial lacerations, treating colds, minor allergies and minor gastrointestinal upsets, splinting sprains, casting uncomplicated fractures, or other similar treatment, not including major surgery or procedures involving substantial risk. **I am responsible for all Medical Expenses.**

My son and I understand that he is subject to the reasonable direction of the adult and scout leaders; if he chooses not to accept this direction, I may be required to attend to his supervision and/or withdraw him from participation in this event. **My son agrees to behave in accordance with the Scout Oath, Scout Law, and BSA Youth Member Behavior Guidelines at all times and he understands that continued participation in Troop events is dependent on his compliance.**

Scout Signature: _____ Preferred Hospital: _____

Parent Signature: _____ Relationship: _____ Date: _____

Emergency contact 1 (name): _____ Relationship: _____

Phone: _____ Cell phone: _____

Emergency contact 2 (name): _____ Relationship: _____

Phone: _____ Cell phone: _____

Medical instructions or limitations and list Allergies/Medications/etc.

_____

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_____

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_____

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I give permission for the Over-the-Counter medications listed below to be given at the package recommended doses based on age and weight.

Age_____ Weight _____

	YES	NO
Tylenol (Acetaminophen)	☐	☐
Ibuprofen	☐	☐
Benadryl (diphenhydramine)	☐	☐
Immodium	☐	☐