

MEDICAL POWER OF ATTORNEY AND PERMISSION SLIP

I certify that my child, _____, is physically fit to the best of my knowledge and has my permission to engage in all Troop 141 activities. In event my child becomes ill or sustains an injury, or if I can not be reached in an emergency, I hereby give my permission to the physician, selected by the adult leader in charge, to provide treatment for my child, including but not limited to hospitalization, proper anesthesia, X-rays, injections, and surgery. I will assume personal liability for the resulting expense which is not covered by insurance. In consideration of the benefits derived from the Scouting program, I waive all claims against Troop 141 and its leaders arising out of any accident, illness, injury, or other harm incurred by my child in connection with Troop activities.

PARENT or GUARDIAN SIGNATURE

Witnessed by:

WITNESS SIGNATURE

DATE

EMERGENCY INFORMATION

Parent(s) names: _____

Home address: _____

City, State, ZIP: _____

Home phone number: _____

Other phone number: _____

Doctor or clinic name: _____ Phone _____

HEALTH INSURANCE INFORMATION

Company Name: _____

Policy number: _____

HEALTH INFORMATION Scout's Birth Date ____ / ____ / ____

List any allergies, special diets, medication, or unusual medical condition(s) of which we should be aware:

Date of last tetanus shot _____

ATTACH PHOTO HERE