

TROOP 62 PERMISSION SLIP & HISTORY

Date Submitted: _____

My son/grandson _____ has permission to participate in all activities of BSA Troop 62 South Windsor, Connecticut for the calendar year 2010/2011 including but not limited to camping trips, day hikes, and community service events.

Parent / Guardian Contact numbers:

Name _____ parent ____ guardian _____

Address: _____

Phone number (with Area code): Home: _____ Work: _____

Cell: _____ Email address _____

IN CASE THE ABOVE CAN'T BE REACHED, NOTIFY:

Name: _____ Relationship _____

Address: _____

Phone number (with Area code): _____ Cell: _____

My son has a history of: ____ bleeding disorders ____ asthma ____ diabetes ____
____ Heart trouble ____ seizures ____ fainting ____ learning needs ____ Asthma ____ Other

He requires the following treatment / intervention for the above noted issues: _____

Allergies (Including food, medication, insect toxin or seasonal) _____

Treatment if exposed: _____

Dietary restriction _____ Religious restrictions _____

Activity restrictions for medical reasons: _____

One important thing you should know about my son is _____

In the event of an emergency our medical MD is _____, who can be reached at _____.

Our dentist is _____ and can be reached at _____.

Our health/accident insurance company is _____

Policy number: _____ Group number: _____

DATE OF LAST TETANUS INNOCULATION _____

Other inoculations are current Yes ____ No ____

PARENT AUTHORIZATION: This form is correctly filled out 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 that 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, surgery or other medical procedure which might otherwise be required to protect the injury or life of my son/grandson. I also give permission for the release of medical records for insurance purposes.

By signing this form I acknowledge that my son agrees to live by the Boy Scout Oath and Law while at any scouting event. In addition, I may be asked to pick up my son if he chooses not to follow them.

SIGNATURE _____ (Parent / Guardian) DATE _____