

PERMISSION SLIP & HISTORY

My son _____ has permission to go on the camping trips and other activities of BSA Troop #62 of South Windsor, Connecticut.

Our health/accident insurance company is _____
Policy number is _____

IN CASE OF EMERGENCY, NOTIFY:

Name _____ parent _____ guardian _____ other _____

Address: _____

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

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

Name: _____ parent _____ guardian _____ other _____

Address: _____

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

My son is subject to: bleeding disorders _____ asthma _____ diabetes _____
Heart trouble _____ convulsions _____ fainting _____

EXPLANATION _____

My son is allergic to: medication _____ food _____ plant _____
Animal _____ insect toxin _____

EXPLANATION _____

Any other conditions, special care, diet restrictions, medications or problems that we should know about: _____

Any restriction of physical activity for medical reasons: _____

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 physical 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. I also give permission for the release of medical records for insurance purposes.

SIGNATURE _____ DATE _____
Parent or guardian

