

ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN
Boy Scouts of America Mattituck Troop 39

_____ has approval to participate in the following Troop 39 activity:
(Participant's Name)

Activity: _____ Date: _____
Trip Location: _____ Cost: _____
Trip Begins (Time/Place): _____
Trip Concludes (Time/Place): _____
Special Instructions: _____ Uniform: Class A _____ Class B _____

Pack weather appropriate camping gear and clothing. Check Scout Handbook for packing list.

During this activity, I can be contacted at these phone numbers (indicate if cell phone and whose it is):

Medical Insurance Company: _____ Policy No.: _____

This Scout is allergic or sensitive to: _____

What, if any, medication is this Scout taking: _____

Any special instructions for this medication? _____

Do you want the unit leader to carry the medication? Yes _____ No _____

Use the back of this form for additional information and for explanation of any other problems the activity leader should be aware of.

Date of latest tetanus shot/booster: _____ DOB: _____

HOLD HARMLESS AGREEMENT

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(Parent or Guardian Signature)

(Date)

*Please return to Lori Garbarino with check payable to Troop 39 by _____
OR MAIL TO: 6865 Bridge Lane, Cutchogue NY 11935*