

BOY SCOUTS OF AMERICA
TROOP 66
PARENT'S AUTHORIZATION AND MEDICAL RELEASE

_____ (Scouts Name) has my permission to engage in activities that the Troop 66 Leaders think best at the following place and date(s):

DATE(S): _____

EVENT/ PLACE: _____

ANY SPECIAL ACTIVITY: _____

Please note any exceptions and medical conditions on the back of this sheet.

I hereby give permission for my son to be transported to the place of the Troop activity by the leaders and/or other authorized parents.

I hereby give permission to the Leader (or his representative) to secure any treatment my son needs in case of an emergency and I cannot be reached.

I also hereby give permission to the physician or medical facility to treat my son and understand that the treatment will begin even if I cannot be reached.

HEALTH INSURANCE CARRIER: _____

HEALTH INSURANCE GROUP & ID #: _____

LOCAL HOSPITAL PREFERENCE: _____

The following phone numbers are given to aid the Leader (or his representative) in locating me. However, I understand that medical treatment may begin even if I cannot be reached.

Home: _____

Cell 1: _____

Work: _____

Cell 2: _____

Other: _____

Signed, _____
(Parent's Signature)

Date: _____