



PERMISSION SLIP & MEDICAL RELEASE FORM

For _____

(Event)

Name
Scout _____
Age _____ Birth Date _____
Address _____ Phone(_____) _____
City _____, Zip _____
Business Phone Numbers(_____) _____

To whom It may Concern:

The undersigned does hereby grant permission for our (my) child, _____
(Minor's Name)

to attend and participate in activities sponsored by **Troop 52** at _____
(Event and Date)

We (I) authorize an adult, from **Troop 52**, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general of special supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle, designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **Troop 52**

The undersigned, does also hereby give consent to have our (my) child be videotaped or photographed by a members of **Troop 52** or its agent(s); and hereby authorizes Troop 52 to use the resulting video footage or photograph as part of its archival and recruitment multimedia, to be shown at recruitment events. I hereby release **Troop 52** and its agent(s) from all liability arising from the use of such photographs or video footage.

Insurance Company _____
Policy Number _____
Emergency contact numbers _____ Relationship _____
Signature x _____ Date _____ Relationship _____

List any Allergies or special medical problems your child may have on the back of this form. Thank You