

TROOP 1539 BOY SCOUTS of AMERICA

SIGN-UP AND OUTING PARENTAL CONSENT FORM

SCOUT NAME _____

PHONE _____ OTHER PHONE _____

Parental Consent:

The undersigned parent or guardian of the above listed Scout hereby authorizes his participation in the following BSA Troop 1539 activity:

(ACTIVITY)

DEPARTING: _____ and

RETURNING: _____

The adult leaders are:

_____ & _____

I appoint the adult leaders, listed above, my attorney in fact to obtain and consent to medical care and treatment for the Scout identified above as they shall deem necessary during the course of this activity. In doing so, the adult leader is authorized to execute any consent and release or waiver of liability that may be required by the treating physician and/or hospital and sign any document on my behalf as may be reasonably necessary to obtain such medical care and treatment.

I give my permission for the above named Scout to be given Benadryl, Tylenol and/or Ibuprofen on this trip if it is believed warranted by an adult leader.

The Scout's medical bills will be covered by: _____ (medical insurance plan name and ID number) and/or myself.

I assure my son's physical fitness permits his participation in all anticipated activities for this outing and have listed below all medical conditions of which I am aware that may affect medical treatment.

Signed: _____

(Parent or legal guardian)

Date: _____