

RELEASE OF LIABILITY / WAIVER OF RESPONSIBILITY

Boy Scouts of America Troop 401 - Sponsored by Holy Family Catholic Church, Steubenville

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son/ward, namely:

_____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my permission to obtain medical treatment (only that which is absolutely necessary) for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available.

(Signature of parent or guardian)

(date)

ACTIVITY/LOCATION:

Outing Leaders:

_____ / _____

EMERGENCY INFORMATION

During the activity listed above, I can be contacted at the following phones and will accept long distance collect calls.

(_____) _____; or (_____) _____;

Any medical condition that the leaders should be aware of? _____

This Scout is highly 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 ___

Date of latest or last tetanus shot/booster _____

MEDICAL INSURANCE INFORMATION:

Company _____

Policy and/or Group No. _____ Other _____

Doctor's Name _____ Doctor's Phone (_____) _____

Use back of this form for additional information and for explanation of any other conditions the leaders should be aware of.