

Medical Release of Adult (over 18)

I, \_\_\_\_\_ (print name), an adult over the age of eighteen years, elect to attend the following activity of Boy Scout Troop 782.

From \_\_\_\_\_ through \_\_\_\_\_

In the role of: Driver Participant (circle one or both)

I can provide transportation : (circle one)  
to the activity both ways from the activity

Vehicle \_\_\_\_\_ Drivers License # \_\_\_\_\_ # of seat belts \_\_\_\_\_.

I have received detailed information concerning the activity, including required and recommended equipment, clothing, food, etc. and will make certain that I am properly equipped, in good health, and in appropriate physical condition for the activity.  
I am allergic to the following (food, Medicine, insects, etc.)

\_\_\_\_\_

I AM AM NOT (circle one) currently taking any medication on a regular basis. The name and instructions for such medications, and for any other medications required on an as-needed basis are written on the reverse side of this form. I will provide myself with an adequate supply of all such medication prior to departure, and will inform the activity leader that I am taking them.

In the event of an EMERGENCY, please contact:  
Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Relation: \_\_\_\_\_

In the event that; 1) I am able neither to refuse, nor to consent, to treatment in an emergency, and 2) and the emergency contact named above cannot be reached, I authorize the activity leader, or such responsible adult as he may designate as his agent, to consent to any emergency medical, dental, of surgical diagnosis, treatment, and/or hospital care for myself which is deemed advisable by and to be rendered by a licensed physician, dentist, or surgeon. This authorization will remain in effect for the duration of the activity identified above, including travel thereto and therefrom.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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