

Medical Release of Minor (under 18)

I hereby grant permission for _____ (print name) to attend the following activity of Boy Scout Troop 782.

From _____ through _____

I have received detailed information concerning the activity, including required and recommended equipment, clothing, food, etc. and will make certain that he is properly equipped, in good health, and in appropriate physical condition for the activity.

He is allergic to the following (food, Medicine, insects, etc.)

He IS IS NOT (circle one) currently taking any medication on a regular basis. The name and instructions for such medications, and for any other medications he takes on an as-needed basis are written on the reverse side of this form. I will provide an adequate supply of all such medicines to the Activity Leader prior to departure. The above named Scout has been instructed NOT to take any medications (even aspirin) without the knowledge of the Activity Leader.

I WILL WILL NOT (circle one) participate in the activity myself.

I can provide transportation : (circle one)

to the activity both ways from the activity nither way

Vehicle _____ Drivers License # _____ # of seat belts _____.

In the event of an EMERGENCY, please contact:

Name: _____ Phone: (____) _____

Address: _____ Relation: _____

In the event that 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 the above named Scout 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. I hereby indemnify and hold harmless the Boy Scouts of America, Troop 782, and all its Troop and Activity Leaders against any accidental injury or death which may arise as a result or the above named scout's participation in the activity.

Relationship to Scout: _____

Signed: _____ Date: _____

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