

BOY SCOUTS  OF AMERICA®

MEDICAL RELEASE FOR EMERGENCY CARE
FOR ALL TROOP 128 ACTIVITIES

Name of youth: _____ Home Phone: _____

Parent/Guardian #1: _____ Work Phone: _____

Parent/Guardian #2: _____ Work Phone: _____

Home Address: _____ Mobile # 1: _____

_____ Mobile # 2: _____

Name of Physician: _____ Telephone: _____

Address: _____

Health Insurance Provider: _____ Telephone: _____

Policy No. _____

List the medications and dosages currently being taken: _____

List all specific medical conditions: _____

List all allergies (medicine, food, plant) _____

Emergency Contacts (Required)

Name: _____ Relationship: _____ Telephone: _____

Name: _____ Relationship: _____ Telephone: _____

Waiver & Release of Liability and Release for Medical Treatment

I give my permission for my child, _____, to participate in all Troop 128 activities. I understand that Epworth United Methodist Church and Troop 128 are not responsible for personal injury or property damage that may occur as a result of my child's participation in these activities, and hereby release the Church and the Troop from any potential or actual liability.

The information above is accurate and complete to the best of my knowledge. In the event that neither I, my emergency contacts, or the family physician can be contacted, I give my permission to the leaders of the troop activities, Epworth United Methodist Church and/or their assigned agent to authorize any treatment deemed necessary during a Troop activity, including medical and/or surgical treatment recommended by a medical doctor.

I have read this waiver and release of liability and I understand the terms and conditions listed above. I agree to these terms and conditions, and voluntarily offer my signature.

Subscribed to and sworn before me

This ____ day of, _____ 20__

NOTARY
SEAL
REQUIRED
HERE

Parent/Guardian Signature _____ Date: _____

Notary Public
My Commission Expires:

NAME

TROOP