

Troop 54

Waiver of Responsibility

Novi United Methodist Church

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 son(s)/ward(s), namely _____ on any Scout activity, I agree to his participation and waive all claims against the leaders of the troop, officers, agents, representatives of the Boy Scouts of America and the sponsor.

In the event of an emergency, the troop unit leader of the activity named on the permission slip has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available.

Doctor: _____

Phone: _____

Signature of parent/guardian

Date

EMERGENCY INFORMATION

During the activity listed on the permission slip, I can be contacted at the following phones and will accept collect calls: () _____-_____ or () _____-_____

This Scout is highly allergic or sensitive to: _____

What, if any, medication is this scout taking: _____

Any special instruction for this medication: _____

The unit leader will carry and dispense all medication during outings. It must be provided to the unit leader in original labeled prescription container prior to departure.

Use the back of this form for additional information of any other problems the activity unit leaders should be aware of.

Date of most recent tetanus shot: _____

MEDICAL INSURANCE INFORMATION

Insurance Provider: _____

Policy Number: _____

Other: _____

WITNESS BY NOTARY

Subscribe and sworn to me this _____ day of _____, _____

Signature of Notary Public: _____

County _____ State _____

My Commission Expire on: _____