

B.S.A. TROOP 801
Emergency Information, Permission Slip, and Waiver of Responsibility

Activity _____ Date(s) _____

Emergency contact information:

Name of scout _____ Date of birth _____ Age _____

Name of parent or guardian _____ Home Phone () _____ - _____

Cell Phone () _____ - _____, Work Phone () _____ - _____, Other Phone () _____ - _____

Home address _____ City _____ State _____ Zip _____

Work address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone () _____ - _____

Name of personal physician _____ Phone () _____ - _____

Personal health/accident insurance carrier _____ Policy number _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

I have read the trip plan, and I agree to his(her) participation and waive all claims against the leaders of this trip, officers, agents and representatives of the Boy Scouts of America and the Charter Partner of BSA Troop 801.

Date _____ Signature of parent/guardian or adult _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants, other: Yes ___ No ___ Explain: _____

GENERAL INFORMATION:

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
ADHA (Attention-Deficit Hyperactivity disorder)			Convulsions/seizures			Hemophilia		
Asthma			Diabetes			High blood pressure		
Cancer/leukemia			Heart trouble			Kidney disease		

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used. _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List any equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

IMMUNIZATIONS: Give date of last inoculation. Or **ALL IMMUNIZATIONS ARE CURRENT** _____

Tetanus toxoid _____ Measles _____ Polio _____

Diphtheria _____ Mumps _____ _____

Pertussis _____ Rubella _____ _____