

TROOP 456
PERMISSION SLIP AND MEDICAL RELEASE

I do hereby give consent for my son, _____ to participate in all activities planned for the event listed below:

_____ (Name of event) _____ (Date)

I certify that my son is in good health and suffering no illness, disabilities or limitations that would endanger his health or safety on the activity described above.

I authorize the adult leaders of Troop 456, to obtain such emergency medical treatment as may be required should my son suffer from any sudden illness or accident. I also give my consent for my son to receive blood transfusions should it be deemed necessary to sustain his life and/or well-being. I further agree that I will accept financial responsibility for any medical treatment provided. In consideration of benefits to be derived and in view of the fact the Boy Scouts of America is an educational institution, which is voluntary, and having full confidence that every precaution will be taken to insure safety and well-being of my son, I hereby agree to my son's participation and waive all claims against the leaders of this activity and officers, agents and representatives of Troop 456 and the Boy Scouts of America.

Date: _____

Signature: _____

Relation to Scout: _____

Address: _____

Phone: _____

This form must be signed and returned to the adult leader in charge before the Scout will be permitted to participate in the described activity.