

Activity Consent and General Health/Medical Care Authorization Form
Troop 476 - Polaris District, Silicon Valley Monterey Bay Council Boy Scouts of America

This form provides parental(guardian) permission for a scout to attend a Troop 476 trek. It also acts as the emergency consent form for minors. It is to be completed for each Troop 476 trek and is to be carried by the scout during the trek (if required), but always in the Class A uniform pocket during transport to/from the trek.

_____ Birth date (month/day/year) ____/____/____ Age during activity _____
First name Last name

_____ City State Zip
Address

Has approval to participate in (Name of activity, orientation flight, outing trip, etc.) _____

From _____ to _____ Without restrictions Special Consideration or restrictions _____

HOLD HARMLESS AGREEMENT: I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

AUTHORIZATION RE ADMINISTRATION OF CERTAIN OVER-THE-COUNTER (OTC) MEDICATIONS: In addition to the above, and in keeping with Troop policy, the above named Scout may self administer labeled OTC medications from his personal medical kit in the presence of a registered adult scout leader. My son may take the following medications:

My son may also take OTC medications from the troop first aid kit in the presence of a registered adult scout leader. My son may take the following medications:

The above authorization(s) shall remain in effect until _____ 20__ unless sooner revoked in writing, delivered to said agent(s).

Signature(s) of Parent(s) or Guardian(s)

_____ Date _____

_____ Date _____

Signature of Participant

_____ Date _____