



BSA TROOP 457 SCOUT PERMISSION FORM

My child: _____

has my permission to attend the _____

on the date(s) of _____

with the adult leaders and other members of Boy Scout Troop 457 of Zelienople, PA

I understand that the Boy Scouts of America, their representatives, all and any parent volunteers, do not accept responsibility for my child's safety, although all involved will use their reasonable judgment to insure their safety.

In case of an emergency (and in the event that a parent/guardian cannot be reached), I give my permission for my child to be treated at the nearest medical facility.

I, the undersigned, understand that activities planned for this event carry the risk of personal injury. I agree that the organizers and sponsors of this event have made careful plans to insure everyone's safety, but that they are not responsible for my child's safety while participating in this event. I certify that my child is fully capable of participating.

I acknowledge that I have read this waiver in its entirety, that I understand it and that I agree to be legally bound by its terms.

Parent/Guardian's
signature

Address

Date:

Home Telephone:

Work Telephone:

Known Allergies or
other Health
Conditions

Medications taken

Physician Name:

Office Address:

Telephone:

Health Insurance:

Carrier Name:

Name of policy
holder:

Policy Number:

Group Number: