

BOY SCOUT TROOP 8
Boy Scouts of America, Benicia, CA 94510

PARENT CONSENT/PERMISSION FORM

Name of Scout _____

Description of Activity: Wente Summer Camp 2012

Departure: Sunday, July 8th 2012, 8:00am, BMS

Return: Saturday, July 14th 2010, mid afternoon

In consideration of the benefits to be derived, and in view of the fact that Boy Scouts of America is an educational organization, 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) during this activity or trip, I hereby agree to his (their) participation and waive all claims against the leaders of this activity or trip, officers, agents, and representatives of the Boy Scouts of America.

In case of Emergency, I understand every effort will be made to contact me. In an event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, which may include dentistry, hospitalization, anesthesia, surgery, or injections of medication for the above mentioned Scout at the nearest hospital or doctor/dentist.

In the event of an emergency, or need for medical treatment, the troop unit leader of the activity has my permission to obtain medical treatment for the above-mentioned Scout at the nearest hospital or doctor, at my expense, if our doctor is not readily available, and as restricted on the Emergency Data Sheet on file with the Troop, or as indicated below.

Parent's Signature _____

Parent's Name _____

Address: _____

Telephone: () _____ **Date:** _____

In case of emergency, I can be reached at any time during this activity at the following phone numbers:

() _____ or () _____

Name of family doctor _____

Family doctor's telephone number () _____

This Scout is highly sensitive or allergic to _____

What, if any, medication is this Scout taking? _____

Special instructions for this medication? _____

Please advise the trek leader of any special medical needs. The trek leader reserves the final authority to carry and administer this medication.

Please use the space below for additional medical information the activity leader should be aware of.

Medical Insurance Information:

Company _____

Policy Number _____

Control No. _____

Other _____

Note: A mandatory "shake down" meeting may be held at the discretion of the trek leader. Any scout not attending the meeting will not be allowed on the trek, unless prior arrangements are made with the trek leader.