



**BSA TROOP 21
EVENT PERMISSION SLIP, RELEASE, AND
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

PART 1 : PERMISSION AND RELEASE- COMPLETE FOR ALL EVENTS

In view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that precautions will be taken in accordance with the BSA Safe Scouting Guidelines to ensure the well being of my son, I hereby give my permission for my son to attend the event listed below and to participate in all related activities and / or competitions. I agree to waive all claims against the leaders, officers, agents, and representatives of the Boy Scouts of America, BSA Troop 21, and Troop 21's chartered organization, the First United Methodist Church of Bend.

I agree to inform the Scoutmaster of any condition that might affect my son's wellness and ability to fully participate in troop activities, and will notify the Scoutmaster of any medications required. I will not allow my son to attend Troop events or outing if he is sick or for any other reason is not in a physical or mental condition appropriate to the event. All medical information provided about my son will be held in confidence.

Event : _____ Dates : _____

Name of Scout: _____

Name of Parent : _____

Parent Signature : _____ Date : _____

PART 2 : AUTHORIZATION TO SEEK EMERGENCY MEDICAL TREATMENT

In the event of an emergency, the Troop unit leader or adult designee has my permission to obtain medical treatment for my son at the nearest hospital or medical facility at my expense. My signature also serves as my express written consent for medical personnel to administer treatment to my son as may be required in a any particular medical situation.

Parent Signature : _____ Date : _____

PART 3 : SPECIAL MEDICAL INFORMATION OR NO PHYSICAL ON FILE WITH TROOP

Primary Care Provider : _____ Phone : _____

Emergency Contact 1 : _____ Phone : _____

Emergency Contact 2 : _____ Phone : _____

Insurance Provider : _____ Policy : _____

Allergies : _____

Medical Conditions : _____