

2010

TROOP 82 CONSENT FORM

In consideration of the benefits to be derived, and 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 every precaution will be taken to ensure the safety and well-being of our son/ward during Scout Activities, we hereby agree to his participation and waive all claims against the leaders, officers, agents, and representatives in cases of accident or harm (unless willful or gross negligence can be proven).

We, the undersigned do hereby authorize Troop 82, Longs Peak Council of the Boy Scouts of America, its employees, agents and volunteers as agent for the undersigned to consent to any x-ray examination, anesthesia, medical, dental, or surgical diagnosis or treatment and hospital care which is both deemed advisable by and to be rendered under the general or surgical supervision of any licensed physician, surgeon, or dentist, for our son/ward.

(*Scout Name*) _____ born on _____, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere. Our health insurance company's name is _____. If they require notification before medical personnel may proceed with diagnosis or treatment, such notification may be made by calling, _____. If no phone number is entered here no such prior notification is required. We understand that troop insurance EXCLUDES injury resulting from participation in league sports or skiing activities, and while traveling directly between the injured's home premises and the meeting place to participate in or attend such activity.

Further, the undersigned consent that the above named Boy Scout Troop and Council, its employees, agents and volunteers may furnish a knife, axe, or firearm to the above minor for the purpose of instruction in the safe handling and operation of knives, axes, and firearms and all related activities.

This authorization will apply while the above minor is enroute to and from, or involved or participating in any Boy Scout Program or Activity of Troop 82 or Longs Peak Council of the Boy Scouts of America. This authorization will remain in effect until the end of the current Troop fiscal year, or until the parent/guardian delivers to the Scoutmaster or Committee Chairman of Troop 82 a written revocation.

Contact Cell Number(s): _____, _____

I understand that only scouts and scout leaders on official scout activities are covered by Boy Scouts of America insurance.

Parent/Legal Guardian

Signature: _____ Date: _____ .

Print Name: . _____

Full Address: _____

Telephone:Home: _____ Work: _____.

Witness

Signature: Date: _____.

Print Name _____

Full Address: _____

Telephone:Home: _____ Work: _____

Scout Name		Age	
Health Accident Ins Co		Policy No	
Family Doctor:		Dr. Phone No:	
Does Scout have or is he subject to (check if YES):			
Diabetes	Asthma	Fainting Spells	
Convulsions	Heart Trouble	Bleeding Disorder	
Allergy to any medication, Food, Plant, Animal or Insect Toxin (Explain)			
Other: (Explain)			
Any condition that may require special care medication or diet: (Explain)			
Check here, if none of the above applies <input type="checkbox"/>			
Have difficulty with (Check if YES)			
Eyes, Ears, Nose, Throat <input type="checkbox"/>	Sleep Walking <input type="checkbox"/>	Digestion <input type="checkbox"/>	
Bed Wetting <input type="checkbox"/>	Lungs <input type="checkbox"/>		
Any Condition now requiring regular medication?			
Name of Medication			
Any Restriction activity for Medical Reasons?			
Explain:			

IMMUNIZATIONS: (Date of Last Inoculation)			
Tetanus	Polio	Mumps	
Dipteheria	Measles	Rubella	Pertussis

DRIVERS and VEHICLE INFORMATION					
Vehicle Information					
Make	Model	Year	Number of Seatbelts		
Drivers Name	Drivers License Number	Expiration Date	Liability Each Person	Liability Each Accident	Property Damage