**PERMISSION SLIP**



**Troop 49, Kingston, MA**

*Proudly sponsored by the Kingston Lions Club*

**The following form provides consent to participate in scouting activities as well as include important contact, medical, and consent information that the Troop will need to have available at each event.**

|  |  |  |
| --- | --- | --- |
|  | **SCOUT INFORMATION** | **PARENT/GUARDIAN INFORMATION** |
| First, MI, Last |  |  |
| Street Address |  |  |
| City, State, Zip |  |  |
| Email |  |  |
| Phone |  |  |
| SS#: | *Not applicable* |  |

# INFORMED CONSENT OF PARENT OR LEGAL GUARDIAN

As the custodian of the above mentioned Scout (a minor), I hereby appoint any registered leader of the Boy Scouts of America as my attorney-in-facts with power to authorize and consent to medical care and treatment for my minor child, to include admission to a hospital or presenting such minor child to any duly credentialed physician, dentist, or health care provider, for any medical or dental care and treatment, including necessary surgery recommended by such medical personnel; and such other medical treatments or care including, but not limited to, examination including x-rays, the administration of anesthesia, and to the use of drugs or medication as my attorney-in-facts may deem necessary or advisable for health, welfare, or well being of my child. Unless sooner revoked or terminated by me, this special power of attorney shall become null and void one year after the date indicated at the end of this form.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TALENT RELEASE AUTHORIZATION

I hereby assign and grant to Troop 49 Kingston the right and permission to use and publish the photographs, film, video, electronic representations, and sound recordings made of my Scout this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACKNOWLEDGEMENT AND AUTHORIZATION

In consideration of the benefits derived, and the fact that the organization of the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full trust and confidence that every precaution will be taken to ensure the safety and wellbeing of my Scout on the activity named above, I agree to his/her participation and waive all claims against the leaders of this trip, officers, agents, and representatives of Boy Scouts of America, and its sponsors. In the event of an emergency, the registered Troop 49 leaders have my permission to obtain necessary medical treatment for my Scout at the nearest hospital or doctor at my expense, or as restricted in this form. I certify that the above information is accurate and true, and I authorize my Scout to attend any and all events organized by Troop 49.

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Restrictions, if any*:

***Please complete the following information for your Scout:***

|  |  |  |
| --- | --- | --- |
|  | **PRIMARY CARE PHYSICIAN** | **DENTIST** |
| Name (First, Last) |  |  |
| Office Street Address |  |  |
| City, State, Zip |  |  |
| Phone |  |  |

|  |  |  |
| --- | --- | --- |
|  | **HEALTH INSURANCE** | **DENTAL INSURANCE** |
| Name of Provider |  |  |
| Name of Insured (“subscriber”) |  |  |
| Relation to Scout |  |  |
| Policy # |  |  |
| Group # |  |  |

# VEHICLE INFORMATION

When Troop 49 goes to an event located out of Council territory the Troop is required to file a Tour Permit. Any vehicle that might be involved in an event must conform to the BSA Insurance Policy guidelines. The easiest method is to collect all vehicle information in a protected central location. Please provide your vehicle information below. If not included, the permission slip will be considered incomplete.

|  |  |  |
| --- | --- | --- |
|  | **VEHICLE** | **ADDITIONAL VEHICLE (OPTIONAL)** |
| Make |  |  |
| Model |  |  |
| Year |  |  |
| License Plate # |  |  |