

**TROOP 340
BOY SCOUTS OF AMERICA
BALTIMORE AREA COUNCIL**

Power of Attorney to Consent to Medical Care
Permission for Trips
Release from Liability

I appoint any official leader of Troop 340, Baltimore Area Council, Boy Scouts of America, as my lawful attorney in fact with full power in loco parentis to authorize and consent to first aid, and other medical treatment or surgery deemed appropriate by a licensed physician(s), for any illness or injury incurred by my son while engaged in authorized troop activities. The leader is also authorized to permit health care providers to release claims or information to the medical insurance carrier named below. This power of attorney shall be applicable as long as my son is registered in Troop 340, Baltimore Area Council, BSA, and shall not be affected by my subsequent disability.

I give my permission for my son to travel with Troop 340 on its scheduled trips and activities, including car, hiking, biking and canoe/kayak trips, throughout the time he is registered in Troop 340.

I release and forever discharge the leaders of Troop 340, Baltimore Area Council, BSA, from all and every manner of action and actions, cause and causes of action, damages, claims and demands whatsoever, in law or in equity, which we may have now or in the future against the leaders of Troop 340 as a result of any illness or injury incurred or sustained by our son while engaged in authorized troop activities.

Scout's Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____
Social Security Number: _____
Medical Insurer: _____
Policy Number: _____

Father's Name: _____
Father's Signature: _____

Social Security Number: _____
Work Phone: _____
Cell Phone: _____

Mother's Name: _____
Mother's Signature: _____

Social Security Number: _____
Cell Phone: _____
Work Phone: _____