

BOY SCOUTS OF AMERICA --- CREW 854 OUTDOOR ACTIVITY YOUTH PERMISSION SLIP

Location:
Activity:
 Gathering Time:
 Return Time:
 COST: \$

Date:
 Date:

As the parent or legal guardian of _____ ("participant"), I hereby give my permission for this child to participate in the above referenced outing to the Crew Advisor(s) of Crew 854. I certify that he is medically, physically, and mentally fit to camp with Crew 854 and that I have made the Crew leaders aware of any and all special needs or considerations he requires.

All medications must be in their original containers with the pharmacy's prescription label. All prescription medications must have a doctor's letter on file with the Crew Committee. The participant is currently taking the following medications:

NAME	DOSAGE	FREQUENCY	NEW MEDICATION?	SPECIAL INSTRUCTIONS

SPECIAL MEDICAL CONSIDERATIONS OR KNOWN ALLERGIES: YES / NO _____

I understand that the leaders of Crew 854 are not responsible for administering or determining the proper medication for the participant at any time. I certify that the participant named above is responsible and capable of taking his medications at the proper time without leader intervention. The Crew leaders are only responsible for transporting and securing medications. If the medication requires any special care or storage, I will provide written instructions for such care or storage.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as necessary or determined by the attending physician, until the parent can be notified and take responsibility for the child.

I further agree to hold Holy Cross Lutheran Church, Boy Scout Crew 854, and its leaders harmless and blameless for any accidents that might occur during this outing, except for clear acts of gross negligence or material non-adherence to Boy Scouts of America policies and guidelines.

In case of emergency, contact me at the following phone numbers: _____,
 _____, _____.

If I cannot be reached, please contact _____ at _____,
 _____.

Signed: _____ Date: _____
 (Parent or Guardian)

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Location:
Activity:
 Gathering Time:
 Return Time:
 COST: \$

Date:
 Date:

BOY SCOUTS OF AMERICA --- CREW 854 OUTDOOR ACTIVITY ADULT CONSENT SLIP

Location:

Activity:

Gathering Time:

Return Time:

COST: \$

Date:

Date:

As the participant in the above referenced outing, I, _____ certify that I am medically, physically, and mentally fit to camp with Crew 854 and that I have made the Crew leaders aware of any and all special needs or considerations I require.

All medications must be in their original containers with the pharmacy's prescription label. The participant is currently taking the following medications:

NAME	DOSAGE	FREQUENCY	NEW MEDICATION?	SPECIAL INSTRUCTIONS

SPECIAL MEDICAL CONSIDERATIONS OR KNOWN ALLERGIES: YES / NO _____

I understand that the leaders of Crew 854 are not responsible for administering or determining the proper medication for the participant at any time. I certify that I am responsible and capable of taking my medications at the proper time without leader intervention.

I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as necessary or determined by the attending physician, until the person listed below can be notified and take responsibility for my medical care.

I further agree to hold Holy Cross Lutheran Church, Boy Scout Crew 854, and its leaders harmless and blameless for any accidents that might occur during this outing, except for clear acts of gross negligence or material non-adherence to Boy Scouts of America policies and guidelines.

In case of emergency, please contact _____ at _____, _____,
_____.

If this person cannot be reached, please contact _____ at _____,
_____.

Signed: _____ Date: _____

(Participant)