

# Troop 84

Scout Name \_\_\_\_\_

## Extended Trip Information Sheet & Permission Form Summer Camp 2009

*Please Print Neatly*

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Health Insurance Name \_\_\_\_\_ ID/Group ID # \_\_\_\_\_

Birth Date \_\_\_\_\_ Family Physician \_\_\_\_\_ # \_\_\_\_\_

**BOY SCOUTS OF AMERICA**  
**TROOP 84 SOMERVILLE, NJ**  
**WAIVER AND PERMISSION FORM**

MY SON \_\_\_\_\_ HAS PERMISSION TO PARTICIPATE  
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Summer Camp 2009  
WHICH WILL BE HELD AT Camp Bell, Gilmanton Iron Works, New Hampshire

MEDICAL CONDITIONS/RESTRICTIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) \_\_\_\_\_

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. \_\_\_\_\_ AT \_\_\_\_\_

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

\_\_\_\_\_  
Parent's name (Print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications: Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date