

REGISTRATION AND MEDICAL RELEASE FORM

Part 3

This form must be turned in to Scout Trip Coordinator with proper fee on or before _____

I (we) will be attending the _____ Trip,

Scheduled for the Day(s) / Date (s) of: _____ through _____

Scout (s) attending (1) _____ (2) _____

Parent (s) attending _____ Enclosed is \$ _____

Parent willing to provide transportation to/from site even if not participating on trip: YES ___ NO ___

Parent authorizes use/release of funds from the Scout's account to pay for this trip:

YES _____ NO _____

MEDICAL INFORMATION

I (parent / guardian) recognize that under the best supervision, accidents may happen. In the event that my son (s) become injured or ill, I hereby grant to the Scout trip leaders, who, if unable to reach me in a reasonable length of time, may, at their discretion, admit my son(s) to a hospital for emergency treatment as determined by the physician in charge at the time.

My son (s) _____ has / have my permission to participate on this trip. He is in good physical condition and has had no serious illnesses or operations in the last six weeks.

My son is allergic to the following foods, insect stings, medications, etc.

(Name of Scout) _____ is allergic to _____

My son is taking the following medication: _____ **Dosage** _____

In the event of an emergency, I may be reached at the following phone number(s): home _____

Work _____ Cell Phone _____

My Insurance Company is: _____

My Insurance I.D. Number is: _____

Signature of Parent or Guardian _____

I WILL NOT permit the above medical treatment to be done under any circumstances!

Signature of Parent or Guardian

(Your son may still participate in the trip, but under these circumstances, a parent or guardian must accompany the Scout on the trip.)