

AUTHORIZATION AND CONSENT FOR OVERNIGHT CAMPING ACTIVITIES 2008-2009

I, the undersigned custodial parent or legal guardian of _____, a minor child, age _____ years, do hereby consent to such child going on and staying on overnight camping trips with Boys Scouts of America (BSA) Troop One.

This consent and authorization shall remain in full force and effect for a 14 month period beginning **November 1, 2008 and ending on December 31, 2009.**

I authorize the Scoutmaster or designate of BSA Troop One to have temporary custody, charge and control of said child while on camping trips or activities, whether overnight or otherwise.

I certify that said child is in good health and is able to hike, carry a backpack and do other physical activities associated with scouting, taking into account said child's age. If, for any reason, said child's health should change adversely, the undersigned will immediately notify the Scoutmaster.

I authorize and consent to emergency medical treatment, at my expense, in the event of any injury or illness. Any Troop One adult leader is granted permission to obtain necessary medical treatment from any licensed and qualified physician/surgeon/staff of a licensed hospital.

I release Troop One, the leaders, officers, agents, and representatives of BSA and Troop One sponsors from any liability for accidental injury to or damage caused by my son/ward. I accept responsibility for instructing my son/ward to follow all Troop rules and leaders' instructions and warnings.

My son/ward is taking the following medication(s): _____

Special instructions for this medication: _____

Do you want an adult leader to carry the medication? _____

Date of late tetanus shot: _____

Allergies to any medication(s): _____

Allergies to bee stings, poison ivy/oak/sumac: _____

Medical insurance company: _____

Policy# or group#: _____

Parent/guardian signature

Child Name (please print)

Address: _____ Zip _____

Home Telephone# _____ Work Telephone# _____

Dad's Cell Phone # _____ Mom's Cell Phone # _____

Emergency Contact: _____ Relationship _____

Emergency Contact Telephone# 1) _____ 2) _____

NOTE: PLEASE REFERENCE DATA SHEET AND HEALTH FORMS TO MAKE SURE INFO IS CONSISTENT