

Boy Scout Troop 497
Parental Consent and Medical Release

I (we) give my (our son) _____ permission to attend all camping trips, day hikes, outings, and any other activity in which Scout Troop 497 participates.

Furthermore, if, during any of these activities, my (our) son becomes in need of emergency or medical care, I (we) give the adult in charge of the activity the authority to give consent for treatment subject to the following two conditions.

1. An attempt to contact me (us) is made unsuccessful.
2. An attempt to contact the list (on the bottom of this page) of alternate family members authorized to secure treatment is made and is unsuccessful.

Because of this, I (we) promise that, I (we) will supply the Troop with an up-to-date physical form so as to ensure proper treatment, and will accept financial responsibility for all treatment.

IN WITNESS WHEREOF, I (we) have executed and sealed these presents on this _____ day of _____, _____.

(Signature of parent or guardian)

(Signature of parent or guardian)

SIGNED, SEALED, PUBLISHED AND DECLARED by the aforesaid

_____ and _____, in the presence of us who at his (her) (their) presence and in the presence of each other, have hereunto subscribed our names as witnesses.

(Signature of Witness)

(Signature of Witness)

(Address)

(Address)

Alternate Family Members Authorized to Secure Treatment (Please Print)

INSURANCE COMPANY AND NUMBER _____