

Boy Scout Troop 323

Journey Church, Huntersville, NC

Permanent Permission Slip & Authorization to Treat (Required for EACH person to participate in all Troop Activities)



Name: _____

☐ Youth (under age 18) - Please circle one: Registered Scout OR Troop Guest☐ Adult (18 and older) - Please circle one: Registered Adult OR Troop Guest

I, the undersigned, give my child (myself if adult), _____, permission to participate and attend Boy Scout Troop 323 meetings, activities and campouts, with the understanding that participating in Scouting events is entirely voluntary and may pose risks of unforeseen hazards, accident, or injury. In the event of a medical or dental emergency, illness, or injury, every attempt will be made to contact the persons listed as emergency contact on Part A of the BSA Medical Record.

My child (myself) has a chronic medical condition of _____ that requires regular medication. I will ensure that my child (myself) has all proper medication for the duration of Scout functions.

I grant my permission to Adult Leaders of the Troop to use his/her discretion to provide First Aid and emergency care in the event of an accident, pending arrival of a physician, or for removal from the area of activity by car or other emergency vehicle, and in the exercise of said care and/or discretionary action, we release the Adult Leaders of all liability, legal or otherwise for the emergency medical care. I grant my permission to the Adult Leaders of the Troop to provide for and administer life-saving techniques, equipment, or medications, in the event of an unforeseen life threatening situation or imminent peril. I also hereby give my consent to the physician or dentist selected by the activity leader to provide and perform all necessary medical procedures (including, but not limited to hospitalization, x-ray examination, surgery, injections, test, or medications) in order to protect by child's life (myself if adult) or prevent harmful deterioration in condition. I also authorize medical providers to disclose to the Adult Leaders the results of any findings, tests, examination or other treatment, for the purpose of medical evaluation, communication with parents, or otherwise to enable the Adult Leaders to make the decisions hereby assigned to them. Any of the Adult Leaders of Boy Scout Troop 323 are further authorized to consent to medical procedures on my behalf.

I understand all reasonable safety precautions will be taken at all times by the Adult Leaders of Troop 323. I agree not to hold Boy Scout Troop 323, Journey Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred through the participation in any Troop activity or Troop trip. I give my permission for my child (myself) to ride in the car with Adult Leaders and parents as needed to engage in Troop activities or Troop trips. I relieve all drivers of liability on the trip, and will not make any monetary or other claim against Troop 323, or their drivers, for accidents or injuries that may occur while riding in an automobile. In consideration of the benefits to be derived from participation in Troop trips and activities, any and all claims against the Boy Scouts of America, troop, team, crew, and chartered organization or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss harm to/or incurred to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicants family or guardians. I further understand that as a parent or guardian (or self), assume all responsibility for behavior and agree to abide by all guidelines, rules and laws. I understand that failure to abide by these guidelines may result in dismissal from the activity at my own expense and any costs of damages incurred.

Printed Name of Parent/Guardian (myself if adult participant)

Date _____

Signature of Parent/Guardian (myself if adult participant)**This section for Internal use only:**

This will serve as the cover sheet kept with the REQUIRED Part A & B of the Annual Health and Medical Record form that must be submitted to the Troop for any and all youth and adults to participate in BSA Troop 323 activities. Part C will also be attached to this, as annual physicals are performed throughout the year.

Membership Chair to complete this bottom section and to update regularly as necessary:

ALLERGIES & RESTRICTIONS:

YES	NO	ALLERGIES to, or adverse reactions to:
<input type="checkbox"/>	<input type="checkbox"/>	Medication
<input type="checkbox"/>	<input type="checkbox"/>	Food, plants, or insect bites

Participation:

- ☐ Without restrictions
☐ With Special considerations or restrictions.

See attached Part A
for specifics on any items above.

Part A & B

(Health history, informed consent & release agreement)

REQUIRED FOR ALL PARTICIPANTS.
VALID FOR 12 CALENDAR MO.

1.Date _____ 5.Date _____
Expires: _____ Expires: _____

2.Date _____ 6.Date _____
Expires: _____ Expires: _____

3.Date _____ 7.Date _____
Expires: _____ Expires: _____

4.Date _____ 8.Date _____
Expires: _____ Expires: _____

Part C

(Annual Physical)

1. Required for events exceed 72 consecutive hrs
2. All high adventure base participants
3. All strenuous or demanding activities at Scoutmaster Discretion (ie, backpacking, etc).

1.Date _____ 5.Date _____
Expires: _____ Expires: _____

2.Date _____ 6.Date _____
Expires: _____ Expires: _____

3.Date _____ 7.Date _____
Expires: _____ Expires: _____

4.Date _____ 8.Date _____
Expires: _____ Expires: _____