

BOY SCOUT TROOP # 4

Activity Consent, Liability Release, & Medical Treatment Form

ACTIVITY: _____ **Dates:** _____

LOCATION: _____

ACTIVITY CONSENT: I, the parent or guardian of _____, a registered member of BOY SCOUT TROOP #4, sponsored by the Knights of Columbus of Murphysboro Illinois, hereby consent to my son participating in the above named activity.

LIABILITY RELEASE: Together with my consent, I hereby waive, release, absolve and agree to hold harmless all scout leaders, their agents, the sponsoring organization, persons transporting my son to and from the activity, and the Boy Scouts of America from any claims arising out of any injury to my son during the above identified Boy Scout activity to which I consent; including the time period necessary to travel to and from such activity.

MEDICAL TREATMENT: The Scout leaders and their agents have my permission to obtain medical and/or dental treatment from any doctor, hospital, medical or dental clinic for my son in the event of an emergency if I, the parent or guardian, cannot be contacted either in person or by telephone. I agree to be fully responsible for all medical and/or dental expenses incurred on behalf of my son.

SPECIAL MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS: _____

ALLERGIC CONDITIONS: _____

I, the parent or guardian, may be contacted at the following address or telephone number during the dates of the above named activity.

Name: _____ **Telephone:** _____

Address: _____

Medical Insurance Company: _____

Social Security Number of Insured: _____

Signature of Parent or Guardian: _____

Date Signed: _____