

Troop 37 Medical Release

I give my son _____, permission to attend the _____
_____. I also give the adult leadership of Troop 37 permission to seek and obtain medical treatment for my child in the event he should need treatment.

The effective dates for this release are _____ to _____.

Parent Name: _____

Parent Signature: _____

Contact # if you are going to be away from your home phone: _____

- I can drive for this event.
 - I can transport _____ additional scouts in my vehicle (please do not include your own son(s))
 - I can only transport my son for this event
 - I am available for early pickup from the campsite.
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Scout and Parent(s) Please read and sign below:

I have spoken with my son and informed him, that he can not have any type of electronic device on this event and I understand that in the event that my son does bring an electronic device, the leadership of Troop 37 may confiscate it for the remainder of the weekend. The Troop shall return to the parent or the appointed guardian who will be picking my son up from the weekend. I also will not hold the leadership of Troop 37 liable if my son does bring any type of electronic devices and they are destroyed, damaged or stolen due to negligence on my son's part.

I do hereby agree and understand that at any time during the course of the weekend I may be called to pick up my son if the leadership of Troop 37 deems his behavior and actions inappropriate. I also understand that if I am unable to pick him up, that he may be left with the local authorities until such time that I may pick him up.

Parent Name: _____ Scout's Name: _____

Parent Signature: _____ Scout Signature: _____

Please list any Medications and schedule (please list below or on the back and give to adult in charge)