

Troop 37 Medical Release (Hiking)

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 they should need treatment.

The effective date for this release is _____.

Name: _____

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

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