

BSA Troop 993
Permission/Consent to Treat
Annual Car Wash

This event will be open to all Scouts

My son, _____, has my permission to attend and participate with Troop 993 in the annual car wash fundraiser activities at Ashford United Methodist Church parking lot on May 30, 2009. Participating scouts and leaders will meet directly at the church at 8:00 am or 12 noon depending on which shift they are signed up for. I will pickup my son by 12 noon or 4:00 pm, again depending on his shift.

I consent to the participation of my son in the above and related activities that follow the guidelines of the Boy Scouts of America, except for the following:

I hereby waive all claims against Troop 993, the Boy Scouts of America, Ashford United Methodist Church, the leaders of this trip, and their respective officers, agents, and representatives.

In the event that my son requires medical attention or treatment, emergency or otherwise, my signature on this form shall constitute my authorization for the administration of such medical treatment as the doctor in charge deems necessary or appropriate for the benefit, safety, health, or well-being of my son, including without limitation, transportation by emergency vehicle to a health care facility, pre-hospital medical care, and all hospital and physician services, whether medical, surgical, or dental. I hereby accept financial responsibility for all costs and expenses associated with, or arising out of, the medical treatment for my son.

My son has the following medical problems (allergies, etc.) of which emergency medical personnel should be aware _____.

My son is currently taking the following prescribed medications _____, in the amount of _____, _____ times per day. I will provide this medicine to the adult in charge so that it can be made available to my child in the dosage and frequencies required.

NOTE: Injected medication must be administered by the child himself.

Scout's attendance at this activity is subject to review and approval by the Scoutmaster.
Scout must be appropriately equipped.

Cost: Free

SIGNATURE: _____ Date: _____ Relationship: _____
Home Phone: _____ Work Phone: _____

If unable to reach me in case of emergency please contact:

Name & Phone no(s) _____

Name & Phone no(s) _____

Name & Phone no(s) _____