



Scouts Name:
Activity:

My signature below indicates consent to my son's participation in the activities of Boy Scout Troop 16 while tent or cabin camping. I waive all claims against (release and hold harmless) the leaders of this trip, officers of the charter organization, agents, representatives of the Boy Scouts of America and the sponsor. In the event of an emergency or serious injury or serious health problem I give my permission (per my signature below) for you to obtain medical treatment for my son from EMS personnel and/or at the nearest hospital, doctor, or medical facility at my expense. I further certify that the info I have provided on my son's personal health history is correct to the best of my knowledge. Any information missing from personal health history or new or temporary health problem, activity restriction, and/or change of insurance provider is noted on this form. **Write any special medication info on the back of this form.** I understand that all medications are to be turned over to the Scoutmaster in charge when I drop my son off and that I am responsible to request the return of medications when I pick up my son. I agree to notify the leadership of any health issues within the 24 hours preceding the trip.

All Scouts will need to have eaten their dinner before leaving. Required uniform: ☐ Troop T-Shirt; ☐ Class A

Parent's Name:	Phone number:
Address:	Problem / restriction / change of health insurance info
Emergency contact and/or phone number:	If I am not at Lauckport UMC to pick up my son, he may get a ride home with the following people...
Parent signature	
Depart from Lauckport UMC's parking lot on _____. Return to same location on _____	
Location of activity _____	
Activity fee is \$ _____.00 (includes facility fees, troop overhead, and food.)	
Circle payment method for activity fee	
Cash _____ Scout Account _____ Check# _____	
In the event I cannot be reached and emergency medical treatment is required, you have my permission to authorize medical authorities to take any action, which may be needed and transport my son to the nearest hospital if medically necessary.	