

TROOP 212 ACTIVITY/EVENT RELEASE FORM

I hereby make application for Scout: _____ of B.S.A. Troop #212 for a place in the camp, trip, or event, as described below, as well as the Thursday night food shopping event held just prior to and in support of this outing/event, by troop vans, cars, trucks or public transportation. Said member is to be amenable to such rules and regulations as may be made by the Executive Board or its representatives. It is expressly understood by the parents or guardian that the member for whom this application is made is in a condition of health that warrants his taking part in this event, and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said outing. (See authorization below.)

(I) (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize the Scoutmaster or his authorized representative as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision, of any physician or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the date of the event given below.

LOCATION: Lake Cachuma DATES: Sept 10-12, 2010
MEETING TIME & PLACE: Church Parking Lot, 7:00pm, September 10, 2010
RETURN TIME & PLACE: Church Parking Lot, 3:30pm, September 12, 2010

EMERGENCY PHONE NUMBERS WHERE PARENT MAY BE CONTACTED:

(#1) _____ LOCATION/TYPE: _____
(#2) _____ LOCATION/TYPE: _____
(#3) _____ LOCATION/TYPE: _____

ALLERGIES OR ALLERGIC REACTIONS: _____
PRIVATE INSURANCE CARRIER: _____
POLICY#: _____ CARRIER PHONE NUMBER: _____
SPECIAL MEDICATIONS: None

ADDITIONAL MEDICAL INFORMATION MUST BE DETAILED ON THE BACK OF THIS FORM

In addition, Parent or Guardian signature to this form constitutes an agreement from the scouts and their parents/guardians granting permission to publish their image from time to time on the troop's website. These images may be of the event listed above as well as other Troop 212 activities, past or future. There will be no publishing of names or personal information, accompanying the images. First names or initials will only be used to supplement an article or piece authored by a specific scout or the announcement of achievement or recognition with prior consent. (i.e. Eagle Scout, etc.) By signing this form, you waive any liability of Troop 212, Long Beach that arises from publication of any events or activities images on Troop 212's Website.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____