**Boy Scouts of America**

**Troop 2193 Scout & Adult - Activity Permission Form**

**Activity: Name**

**Campmaster: Name, Phone & Email**

**Drop-off or Departure:** Day, Month Date, Time, Location.

**Pick-up or Return:** Day, Month Date, Time, Location.

**Cost:** Fee for participation

**Permission Slips & Fees are Due:** Day, Month, Date

**Activity Location:** Name, Address, City, State, Zip

**ALL Participants to Carry Copy of BSA Medical Form on their person Yes \_\_\_\_\_ No \_\_\_\_\_\_\_**

**Adult Participation:** Additional two deep adult support is needed, everyone must be (YPT) Youth Protection Trained **Behavior:** All participants are to follow personal conduct expectations of the Scout Oath and Scout Law.

**Emergency contact** – Name Cell #

--------------------------------------------------- Tear Here – Parent to keep top section -------------------------------------------------- **Boy Scouts of America – Troop 2193**

**Activity Permission Form Activity: Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (adult), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BSA Troop 2193 can participate in all activities as described above.

**All Participating Non Registered Adults must have current Youth Protection Certification on File with the Troop**

My signature below verifies that:

1) I have in place adequate accident and medical insurance should my son or I become ill or injured, or accept Troop 2193’s Accident Insurance Policy as sole coverage. (Policy available on request)

2) If during the event if my son or I should become ill or injured, I grant full release to the adult leaders of Troop 2193 to approve emergency medical care to the extent they deem necessary.

3) In the event of an illness or injury, I hold harmless the adult leaders of BSA Troop 2193 and Cokes Chapel United Methodist Church.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-- or –

▢ Participant has current medical insurance information on file and verified

▢ Check box for approval to take funds from Scout Account

**IMPORTANT MEDICAL INFORMATION**

▢ I am allergic to the following \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do you carry an Epi-pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I have asthma, do you carry an inhaler \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I am diabetic, do you carry insulin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ Medications to be administered: Example: One ABC capsule at B'fast; one XYZ at bedtime...

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

▢ I have other medical issues that would be important for the campmaster to know? These are included on the back of this page on the lower half of this form!

**THANK YOU FOR YOU SUPPORT**