

Consent & Emergency Form

Boy Scout Troop 161, Shoreham, New York

Trip Name: _____ Date: _____

In consideration of the benefits derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution has been and will be taken to ensure my safety and well-being during this activity I, _____, hereby agree to participate in the above trip. I waive all claims against the leaders of this activity and officers, agents, and representatives of the BSA if I am found to be negligent in my duty to act responsibly or if other persons or organizations are found to be at fault.

IN CASE OF EMERGENCY: A call will be made to a contact or a designate before taking me to a doctor or hospital. If neither contact nor designate can be reached, this permission form will allow treatment to be secured. Continued attempts will be made to reach the contact or designate until they are reached.

I hereby give permission to the leaders of this trip to secure my transportation to a doctor or a hospital for treatment. I also give permission to allow hospital personnel and/or a licensed physician to perform emergency treatment and inject or administer drugs in conjunction with such an emergency.

Participant Consent: _____ Date: _____

Contact/day phone number: _____

Contract/night phone number: _____

Emergency contact #1 (with phone number): _____

Emergency contact #2 (with phone number): _____

Allergies (food, medications, etc.): _____

Other pertinent information: _____

PLEASE PROVIDE THE FOLLOWING INSURANCE INFORMATION, IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE"

Family Medical Insurance Company		Policy No.
Address of Insurance Company		
Phone Number of Insurance Company		