

Troop 42/422 Permission Form

My Scout, _____, has permission to participate in any Troop 42/422 event or trip as long as my initials appear on the bottom of this form. They are in good physical condition and have not had any serious illness or operation since their last health examination.

During the activity, I may be reached at:

Address: _____
Home Phone: (____) _____
Cell Phone: (____) _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: _____
Relationship: _____
Address: _____
Home Phone: (____) _____
Cell Phone: (____) _____

Physician:
Phone: (____) _____

Insurance Company: _____
Policy/Group #: _____

I give my permission for each of the following, during my Scouts participation in Troop 42/422 activities, that I have checked:

- If I cannot be reached in an emergency, I authorize a physician selected by the adult in charge to secure proper treatment and to order injection, anesthesia, or surgery for my Scout.
- I understand that if my Scout is found using drugs or alcohol or is behaving in a manner which is dangerous to themselves or Troop members, that they will be sent home at parent expense.
- Use of my Scout's photograph or voice for publicity purposes.

All medicines (with dosage instructions) must be given to event first aider upon arrival.

Signature of Parent or Guardian _____ Date _____

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Health History

ILLNESS AND INJURIES: Chronic or recurring (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Musculoskeletal disorders |
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bleeding/clotting disorder | |

OTHER HEALTH CONDITIONS (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emotional disturbances (list)
_____ | <input type="checkbox"/> Wears glasses or contacts |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Special dietary needs (list)
_____ | <input type="checkbox"/> Hearing impairment |
| | <input type="checkbox"/> Nosebleeds |
| | <input type="checkbox"/> Sleep disturbances |

ALLERGIES (Check all that apply and specify)

- | | |
|--|--|
| <input type="checkbox"/> Animals _____ | <input type="checkbox"/> Medicines/drugs _____ |
| <input type="checkbox"/> Hay fever _____ | <input type="checkbox"/> Insect stings _____ |
| <input type="checkbox"/> Food _____ | <input type="checkbox"/> Plants _____ |
| <input type="checkbox"/> Pollen _____ | <input type="checkbox"/> Other _____ |

IMMUNIZATION HISTORY:

Is the applicant's immunization record up-to-date?

- Yes No

OTHER INFORMATION

Explain any conditions checked on form. Give information helpful to adult in charge. Indicate activities to be restricted. _____

I know of no reason, other than the information on this form, why my Scout should not participate in prescribed activities; except as noted: _____

My Scout may be given

- Non-aspirin product
 Benadryl
 Antacid