

## Troop 121, Auburn, Massachusetts Annual Permission Slip Activity Consent Form and Approval by Parent or Legal Guardian

This form has been modified from Boy Scouts of American Form 680-673 (2011 Printing). **This form is used to obtain approval and consent for Boy Scouts in Troop 121 under 21 years of age to participate in any and all Troop 121 sponsored activities during the period between September 1, 2015 and August 31, 2016.** Troop 121 sponsored activities are activities that are organized and scheduled by the Patrol Leader Council and/or Troop Committee where properly trained Adult Troop Leadership is provided and include, but are not limited to Troop Meetings, Patrol Leader Council Meetings, Day Trips, and Overnight Events. It is recommended that parents or guardians keep a copy of the consent form and contact the Scoutmaster, Michael Daigneault, at 774-696-2030 (cell) or Troop Committee Chair, Michael Lavalley, at 508-612-3287 (cell) in the event of any questions or in case emergency contact is necessary. An original, completed, signed Annual Permission Slip must be provided for each Boy Scout before they can participate in any Troop 121 sponsored activity. Please complete all information electronically or print legibly and sign in blue ink.

Scout Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Scout Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Medical Plan Number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Dental Plan: \_\_\_\_\_ Dental Plan Number: \_\_\_\_\_

The above-referenced Boy Scouts has permission and approval to participate in any and all Troop 121 sponsored activities during the period between September 1, 2015 and August 31, 2016

Without Restrictions; or

With the Following Considerations and/or Restrictions: \_\_\_\_\_

List All Allergies: \_\_\_\_\_

### Hold Harmless Agreement

I understand that participation in Boy Scout activities and events involves a certain degree of risk and can be physically, mentally, and/or emotionally demanding. I have carefully considered the risk involved and hereby give consent for the above-referenced Boy Scout to participate in any and all Troop 121 sponsored activities between September 1, 2015 and August 31, 2016, subject to the restrictions that are noted above. I also understand that participation in any and all Troop 121 sponsored activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I hereby release the Boy Scouts of America, the Mohegan Council, Troop 121, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with said Troop 121 sponsored activity from any and all claims or liability arising out of this participation.

### Authorization to Treat

In case of any emergency involving the above-referenced Boy Scout, I understand that every effort will be made to contact the designated emergency contacts listed below. In the event that the emergency contacts cannot be reached, I hereby give permission to the medical provider selected by the Scoutmaster or designated adult leader to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for the designated Boy Scout. Medical providers are authorized to disclose to the Scoutmaster or designated adult leader examination findings, test results, and treatment provided for purposes of medical evaluation, follow-up, and communication with the Boy Scout's parents or guardian, and/or the Boy Scout's ability to continue with program activities.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Information (List all Telephone Numbers and Email Addresses you can be reached):

Home: \_\_\_\_\_ Dad Work: \_\_\_\_\_ Mom Work: \_\_\_\_\_

Dad Cell: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Other Emergency Contact: Name/Relation to Scout: \_\_\_\_\_

Telephone/Other: \_\_\_\_\_