

**TROOP 1085**  
PARENT'S CONSENT TO PARTICIPATE IN TROOP ACTIVITY

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America (BSA) is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son during this activity or trip, I hereby agree to his participation and waive all claims against the leaders of this activity or trip and officers, agents and representatives of the BSA. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by a designated representative of the BSA (including any adult leader of Troop 1085) to authorize emergency medical or surgical treatment, routine, nonsurgical medical care, hospitalization, secure proper anesthesia, or to order injection(s) for my son. The person herein described is in good health, with all required immunizations current, and I assume the health responsibility for the individual.

**ACTIVITY:**

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

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

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

Cell Telephone ( ) \_\_\_\_\_

Other Contact ( ) _____	_____	_____	_____
(If no answer at home)	Phone No.	Name	Relationship

Medical Insurance:

Insurance Company: \_\_\_\_\_

Member ID Number: \_\_\_\_\_

\_\_\_\_\_ Parent will join the Troop on the outing. Parent's Drivers License # \_\_\_\_\_

\_\_\_\_\_ I will provide transportation for \_\_\_\_\_ Scouts on this trip to the activity.

\_\_\_\_\_ I will provide transportation for \_\_\_\_\_ Scouts on the trip home.

**SEAT BELTS MUST BE WORN AT ALL TIMES!**

Any special considerations that Troop leadership should be aware of, including alternative transportation requirements and any medications please list below.

\_\_\_\_\_

**PARENT SIGNATURE**

**DATE**