

Troop 288

4011 La Crescenta Avenue, La Crescenta, CA 91214

Section I: Consent for Medical Treatment

Sex: M F

Last Name M.I. First Name

Home Address

_____/_____/_____
Date of Birth Home Phone Cell/Pager

A. Parents / Legal Guardian

_____/_____
Father-Guardian Occupation Work Phone

_____/_____
Mother-Guardian Occupation Work Phone

B. Immunization: Are all immunizations and shots up to date? Y N

C. Allergies: List any allergies of Scout. _____
(Include medication allergies) _____

D. Medication: List any medication being taken. _____

F. Insurance:

Insurance Co. _____

Policy# _____ Group # _____

Billing address _____

Physician: _____ Phone#: _____

G. Medical Release:

"I, the parent, Agency Representative or Legal Guardian, hereby give consent to the Boy Scouts of America (Leaders, volunteers, or employees) to provide all emergency dental or medical care prescribed by a duly licensed physician (M.D.) or dentist (D.D.S.) at a hospital, clinic or medical office to my child.

This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child."

Signature Date Signature Date

A photo copy of this document is as valid as the original.

Section II: Parental Informed Consent and Hold Harmless Agreement

I understand that participating in the Boy Scout Activities offered through the Verdugo Hills Council, BSA, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given _____ my consent to participate in those activities, and waive all claims I may have against Boy Scouts of America, Verdugo Hills Council, American Legion Post 288, Troop 288, activity or trip leaders and coordinator(s), all employees, volunteers, or sponsors associated with the activity. In the event of illness or accident in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates. This form must have both parents/guardians signatures.

Signature Signature

Print Name Date Print Name Date

Section III: Pledge

All participants of Troop 288 activities are asked to enter into the following pledge:

A: For Scouts

“I pledge that I will do what I can to help members of the troop grow as individuals and Scouts. I also pledge to uphold the following rules:

1. I will show respect for others and will try to spread good cheer to all.
2. I will respect the authority of the Senior Patrol Leader, Patrol leaders, Scoutmasters and other adults.
3. I will respect other Scouts, work to create a harmonious environment and keep our camping spaces clean.
4. I will participate fully in all designated group activities, including orientation meetings prior to trips, meals, talks, and campfires. I will make a consistent effort to be on time to all activities.
5. I will not travel, hike or swim alone, or otherwise endanger myself. I will inform adult leaders before I make short trips away from the group. I will not violate any curfews.
6. I will not drink alcoholic beverages or take drugs (prescription drugs excepted) or use tobacco products.
7. I will not strike/hit anyone.

I understand that, should I fail to live up to this Pledge, I may be sent home early (and at the Trek leaders discretion) with an adult leader(s) (according to BSA Youth Protection Guidelines) at the expense of my family”

Scout's Signature

Date

B. For Parent(s) or Guardian:

“I have read the above Pledge and I agree to pay any expenses incurred if my son violates this pledge and is therefore sent home early.

I also understand that I am responsible for picking up my son after all Troop Activities. I promise to be available at the appointed ending time of each activity, or I will have made arrangements for my son to be picked up. I understand that Troop leaders are volunteers and often have other responsibilities.”

Signature

Date

“In the event that I am not available to pick my son up, he may be dropped off at home, even if it means that he will be left alone until I am able to return.”

Signature

Date

Section 4: Information

A. In case of emergency: Name and number of person to contact (other than parent)

Name: _____ Phone: _____

B. Pickup: Is there anyone NOT authorized to pick up your son? _____

C. Eating Habits: Is your scout a ___Red meat Vegetarian? ___ All meat Vegetarian?