

**Boy Scouts Of America Troop 91
Parental Consent And Participant Release - 2009**

Scout's Name: _____

BSA Event: All BSA Troop 91 activities for the year 2009.

- We, the parent(s)/guardian(s) of the above-named boy, do hereby give approval for him to participate in all BSA Troop 91 activities for the year 2009.
- We give permission for the above-named boy to ride to and/or from Troop 91 events with whomever the Scoutmaster and/or organizer designates as drivers and/or helpers.
- We assume all risks and hazards incidental to the conduct of these activities and the associated transportation. We hereby waive all claims against the Boy Scouts of America, the adult leaders of Troop 91, Annunciation of the Lord Catholic Church, the Diocese of Birmingham, the operators, organizers, leaders, helpers and sponsors of the events and facilities.
- We give permission, in case of emergency, for the above-named boy to receive medical attention from a qualified medical professional.

Parent/Guardian signature and date: _____

Parent/Guardian print name here _____

***** **EMERGENCY INFORMATION** *****

In case of emergency, I can be contacted at the following numbers and will accept long distance calls.

PARENT/GUARDIAN	HOME PHONE	WORK PHONE	CELL PHONE

In the event the parent/guardian cannot be reached, please give the number of a person to notify.

NAME	HOME PHONE	WORK PHONE	CELL PHONE

Doctor's Name and Phone Number: _____

Insurance Policy Name/Number: _____

This Scout is highly allergic or sensitive to? _____

What if any medication is this Scout taking? _____

Any special instruction for this medication? _____

Do you want the unit leader to carry and administer the medication? _____

Date of last tetanus shot/booster? _____

Any medical restrictions on this Scout's activity? _____
