

Boy Scout Troop 76
Ridgefield, Connecticut

Participation Consent Form

Trip: Heritage Trip, Boston, Massachusetts
Date: Friday, March 23, 2018- Sunday, March 25, 2018
Meet at: Jesse Lee Parking Lot: Friday, March 23, 2018 at 5:15 PM
Pickup: Jesse Lee Parking Lot: Sunday, March 25, 2018 at 4:00 PM

DO NOT BE
LATE!

In case of Emergency, contact Troop through:
Matthew Breitenbach 203.858.5894
Nicole Fortson 646.283.9326
Sarah Sullivan 203.550.0420

Dear Parent: This form is necessary and required for each and all troop activities. No individual will be permitted to attend this trip unless this form is signed and returned to Troop 76 prior to the departure for the trip. We will do everything reasonably within our power to provide for the safety of each participant. It is our intent to provide adequate adult supervision through the Troop leaders and parent volunteers that will attend this trip.

*** * * * CUT TOP AND SAVE * * * ***

Trip: Boston Massachusetts
Date: Friday, March 23rd, Saturday, March 24th and Sunday, March 25th

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational, nonprofit institution, membership and participation in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety of the participant named below on this activity, I hereby agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, this Troop, and the sponsor.

Scout Name: _____

Any condition now requiring medication? No Yes

Name of medication & dosage: _____

Any restriction of activity for medical reasons? No Yes

If Yes, explain in detail: _____

Special medical instructions (e.g. drug or food allergies): _____

In the event I cannot be reached in an emergency, or if an attending physician or health care provider believes immediate medical care is required without delay, I hereby give permission to the physician or health care provider, selected by the adult leader, to secure medical treatment, hospitalize, secure anesthesia, or to order injection or surgery for the participant named above, at my expense.

Signature of Parent or Guardian: _____ Date: _____

Address: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Family Doctor: _____ Phone: _____