

Boy Scout Troop 76
Ridgefield, Connecticut

Participation Consent Form

Trip: Thanksgiving Campout
Date: Saturday November 23rd – Sunday November 24th
Meet at: Jesse Lee Parking Lot: Saturday November 23rd at 10:00 am
Pickup: Jesse Lee Parking Lot: Sunday November 24th at 9:00 am

DO NOT BE
LATE!

In case of Emergency, contact Troop through:

Scout Master Breitenbach 203 858-5894

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: Thanksgiving Campout

Date: 11/23-11/24/19

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: _____