



BOY SCOUTS OF AMERICA

Troop 119 Permission to Treat

Scout name: _____

I give permission to the leaders of Troop 119 to render First Aid to the above named person, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing, except for clear acts of negligence. I understand that there may be significant time spent outdoors with significant physical exertion during this event.

Parent or Guardian's signature

Date

Please print name