

Troop 119

Permission to Treat, Informed Consent & Hold Harmless/Release Agreement

Participant's name (please print clearly): _____

I give permission to Troop 119, its volunteers/leaders/representatives (the Troop) to render first aid to the above named person, should the need arise.

In the event of an emergency, involving the above named person, I understand that reasonable effort will be made to contact the individual designated as the emergency contact person. In the event that person cannot be reached, I give permission to the medical provider selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information (examination findings, test results, treatment provided, and/or determination of participant's ability to continue in the scouting activity) to the adult in charge, camp medical staff, and/or any physician or health care provider involved in providing medical care to the participant.

I approve of the sharing of the information on this form with the Troop 119 adult leaders on a need to know basis.

I understand that participation in scouting activities involves a certain degree of risk and can be physically, mentally and emotionally demanding. I also understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I agree that as a condition of permitting me or my child to participate in scouting activities, I agree and do hereby release the Boy Scouts of America, its local council, activity coordinators, all employees, volunteers, related parties, Troop 119 and any and all of the volunteers, leaders and representatives of Troop 119 from any and all claims, liability, damages, injury or costs that may occur to me or my property, arising out of this participation.

This form is valid until revoked or changed.

x

Participant's Name (please print clearly)

Participant's signature

date

x

Parent/Guardian Name (please print clearly)

Parent/Guardian signature if minor

date