

Boy Scouts of America
Troop 1 - Sacramento, CA

Annual Parent/Guardian Consent Form

I/We, _____, do hereby give consent for _____ to
(Parent(s)/Guardian) (Scout's Name)
participate in all Troop 1 activities for the calendar year 20 _____, effective this date, including all travel by motor vehicles/public conveyance.

This includes permission to participate on all Troop 1 activities including those that are held at other than the regularly appointed meeting site. I/We understand that these activities can include but are not limited to the use of BB guns, .22 guns, shotguns, bows and arrows, water activities, climbing walls/rocks and/or caves climbing. Activities may include firearms, throwing tomahawks and knives. Should I/we choose not to have my/our son/ward participate in any part of an activity (i.e. swimming activity on a camping trip or any other activity), I/we agree to inform the Troop leader incharge of that outing in WRITING prior to the activity/outing.

This authorization will remain in effect for said minor while he is participating in any Troop 1 program or activity unless revoked in writing by the undersigned and said revocation is personally delivered to the Troop Leader. I/We understand that it is my/our responsibility to inform the Scoutmaster of any current medical concern(s) not listed on any Troop medical forms (i.e. to include but not limited to ear infections, sinus infections, strained/pulled muscles, current or new medications, etc.) prior to an event.

In consideration of the benefits to be delivered, and in view of the fact that the Boy Scouts of America is an educational organization, membership is voluntary, and having full confidence that every precaution will be taken to insure the safety and well being of my/our son/ward during participation in the activities unless I/we notify the Troop Leader in WRITING prior to the activity/outing.

I/We, the undersigned, parent(s) or guardian(s) of a minor, do hereby authorize the ADULT LEADERSHIP OF TROOP 1 IN CHARGE AS AGENT(S) for the undersigned to render first aid, should the need arise. In the event of an emergency, I/we also authorize the ADULT LEADERSHIP IN CHARGE to consent to hospitalize, secure proper anesthesia, order injections, consent to any x-ray examination, or any medical, surgical or dental diagnosis or treatment and hospital care which may be deemed advisable by, and is to be rendered by or under the general or special supervision of any duly licensed physician, surgeon, dentist and/or any other licensed Health Care Professional under the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority on part of aforesaid agent for treatment deemed advisable. I/We also agree the Adult Leader(s) will make every effort to contact the Parent(s) or Guardian(s) as soon as possible.

In case of an accident or illness and medical attention is required for my/our son/ward, it should be obtained and I/we accept full responsibility for all expenses incurred. I/We further agree to waive all claims against the above named Troop and it's Adult Leaders, officers, agents and Representatives of the Boy Scouts of America for any accidents that might occur during this activity/outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

Printed Parent/Guardian _____
Printed Parent/Guardian

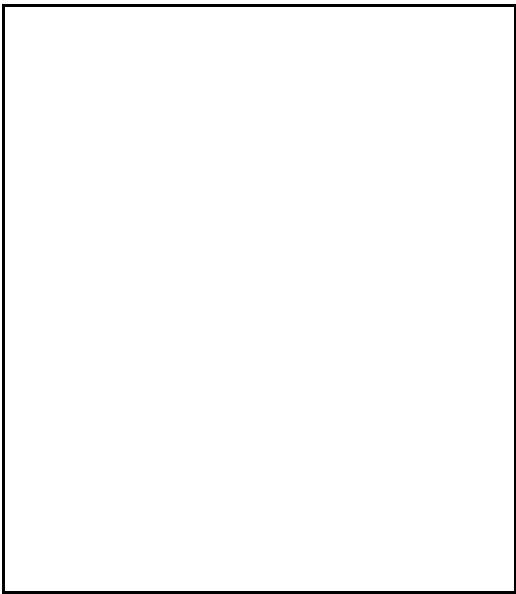
Signature of Parent/Guardian _____
Signature of Parent/Guardian

Date _____ Date _____

24 HOUR EMERGENCY PHONE NUMBER(S) IN ORDER OF IMPORTANCE !

| PHONE # with A/C | NAME | RLSHP | PHONE # with A/C | NAME | RLSHP |
|------------------|-------|-------|------------------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

PLEASE COMPLETE BOTH SIDES



HEALTH HISTORY & EMERGENCY INFORMATION FOR YOUTH

LAST NAME, FIRST NAME, MIDDLE INITIAL _____ DATE OF BIRTH _____

STREET ADDRESS, APT NUMBER _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP CODE _____

FATHER LAST NAME, FIRST NAME, MIDDLE INITIAL _____ PHONE NUMBER _____

STREET ADDRESS, APT NUMBER, CITY _____ STATE _____ ZIP CODE _____

FATHER'S BUSINESS ADDRESS, CITY, STATE, ZIP _____ PHONE NUMBER _____

MOTHER LAST NAME, FIRST NAME, MIDDLE INITIAL _____ PHONE NUMBER _____

STREET ADDRESS, APT NUMBER, CITY _____ STATE _____ ZIP CODE _____

MOTHER'S BUSINESS ADDRESS, CITY, STATE, ZIP _____ PHONE NUMBER _____

DATE OF PHOTOGRAPH _____

DAD CELL PHONE _____ DAD PAGER _____ DAD OTHER _____ MOM CELL PHONE _____ MOM PAGER _____ MOM OTHER _____

FATHER'S MEDICAL INSURANCE PROVIDER NAME _____ POLICY/GROUP NO. _____ PLAN NO. _____ PHYSICIAN NAME _____ PHONE NUMBER _____

FATHER'S DENTAL INSURANCE PROVIDER NAME _____ POLICY/GROUP NO. _____ PLAN NO. _____ DENTIST NAME _____ PHONE NUMBER _____

MOTHER'S MEDICAL INSURANCE PROVIDER NAME _____ POLICY/GROUP NO. _____ PLAN NO. _____ PHYSICIAN NAME _____ PHONE NUMBER _____

MOTHER'S DENTAL INSURANCE PROVIDER NAME _____ POLICY/GROUP NO. _____ PLAN NO. _____ DENTIST NAME _____ PHONE NUMBER _____

HAVE OR SUBJECT TO (CHECK IF YES AND EXPLAIN BELOW):

- Asthma
- Fainting Spells
- Convulsions
- Allergy to any medication, food, plant, animal or insect toxin
- Diabetes
- Heart Trouble
- Bleeding Disorders
- Any condition that may require special care, medication or diet

EXPLAIN: _____

CHECK HERE IF NONE OF THE ABOVE APPLY

HAVE DIFFICULTY WITH (CHECK IF YES):

- Eyes, ears, nose, throat
- Digestion
- Lungs
- Bed-wetting
- Sleepwalking
- Night terrors
- OTHER

EXPLAIN: _____

CHECK HERE IF NONE OF THE ABOVE APPLY

ANY CONDITION(S) REQUIRING MEDICATION(S)? YES NO

EXPLAIN CONDITION(S) AND MEDICATION(S) TAKING: _____

ANY RESTRICTION(S) OF ACTIVITY FOR MEDICAL REASONS? YES NO

EXPLAIN: _____

DATE OF LAST TETANUS SHOT? _____

This health history is correct so far as I/we know, and the person herein described has my/our permission to engage in all prescribed activities, except as noted by me/us above.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date _____

■ Date _____

PLEASE COMPLETE BOTH SIDES