

**PARENT/GUARDIAN: PLEASE FILL OUT BELOW AND RETURN
TO TROOP 37 LEADERSHIP**

My son, _____, has my permission to participate in
_____ (insert activity description). He is in good physical condition and
has not had any serious illness or operation since his last health examination.

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EMERGENCY CONTACT INFORMATION

During the activity, I may be reached at:

Address: _____

Phone: _____

Cell: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on
my behalf and is aware of the activity planned:

Name: _____

Address: _____

Phone: _____

Cell: _____

Relation to boy: _____

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UPDATED HEALTH INFORMATION

Please note any changes in boy's health since last health history was completed:

I give permission to the leaders of Troop 37 to render First Aid, 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 name unit and its leaders blameless for any accidents that might
occur during this outing expect for clear acts of negligence or non-adherence to BSA policies and
guidelines.

Signature of parent or guardian: _____

Relationship: _____ Date: _____