

Boy Scout Troop 204  
Scouter Release

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_

Phones: \_\_\_\_\_ H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Phone: \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Emergency Contact (not spouse): \_\_\_\_\_

Phone: \_\_\_\_\_ H \_\_\_\_\_ C \_\_\_\_\_ W \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication(s)/Doseage: \_\_\_\_\_

Insurance Information: Hospital insurance: \_\_\_\_yes \_\_\_\_no

Insurance company \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

To whom it may concern:

I, \_\_\_\_\_, an adult participating in activities of Boy Scout Troop 204, sponsored by Maple Avenue United Methodist Church, 63 Maple Avenue, Marietta, GA 30064, do hereby give permission for another adult to consent to any and all medical care deemed necessary by a licensed medical doctor for me. This care includes, but is not limited to: x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, medication and hospital care.

I further agree to be financially liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned, pursuant to this authorization. Should it be necessary for me to return home due to medical reasons or otherwise, I shall assume responsibility for all transportation costs.

Signed \_\_\_\_\_ date \_\_\_\_\_

Use the reverse side to list additional medical information