

Boy Scout Troop 204
Parental Release

Scout's Full Name _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

Home Phone _____ School: _____ Grade: _____

Parent Name:

Father: _____ Mother: _____

Parent Phone: _____ C _____ C

_____ W _____ W

Allergies: _____

Medication(s)/Doseage: _____

Emergency Contact *(not parent)* _____

Relationship: _____ Phone: _____ H _____ C

Insurance Information: Hospital insurance: _____ yes _____ no

Insurance company _____

Policy Number: _____ Group : _____

To whom it may concern:

The undersigned does hereby give permission for my (our) child, _____ to attend and participate in activities of Boy Scout Troop 204, sponsored by Maple Avenue United Methodist Church, 63 Maple Avenue, Marietta, GA 30064.

I (we) do hereby give permission for an adult, in whose care my above named child has been entrusted, to consent to any and all medical care deemed necessary by a licensed medical doctor for my child.. This care includes, but is not limited to: x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, medication and hospital care.

We 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 child, pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, I (we) shall assume responsibility for all transportation costs.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in these activities.

Signed

Scout: _____ date _____

Father: _____ date: _____

Mother: _____ date: _____

Legal Guardian: _____ date: _____

Use the reverse side to list additional medical information or problems for your child..