

Boy Scout Troop 204
Scouter Release

Full Name _____

Address _____

City _____ State _____ Zip _____ Birthdate _____

Phones: _____ H _____ C _____ W _____

Spouse Name: _____

Spouse Phone: _____ C _____ W _____

Allergies/Medication: _____

Insurance Information: Hospital insurance: _____ yes _____ no

Insurance company _____

Policy Number; _____

Group Number: _____

Emergency Contact: _____

Phone: _____

To whom it may concern:

I, _____, an adult participating in activities of Boy Scout Troop 204, sponsored by Roswell Street Baptist Church, 774 Roswell Street, Marietta, GA (770) 424-9800, 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