



# Troop 13

Oxford, PA



Boy Scouts of America, Chester County Council

## Parental Consent and Waiver

Scout Name: \_\_\_\_\_

I hereby give my permission for my minor child to attend the following Troop 13 activity:

**Activity:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **To** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Cost to Scout:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

\_\_\_\_\_

I hereby agree for myself and my child, in consideration of the benefit to my child from participation in this activity, to release Boy Scout troop 13 in Oxford, PA and its adult leaders, from all and any claims, actions or liabilities for personal injury that may be suffered by my child as a result of participation in this trip. I also release troop 13 and its leaders from any loss of property or damage to my property or that of my child that is brought on this trip. **Policy is no electronics permitted.**

**Authorization to Consent to Medical Treatment:** I authorize the adult leaders in charge of Boy Scout Troop 13, Oxford, PA. to consent to an X-ray, examination, antiseptic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in any state when the need for such treatment is IMMEDIATE, and when efforts to contact me are unsuccessful.

### Emergency Contact

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Alt. Phone #:** \_\_\_\_\_

\_\_\_\_\_

### Primary Physician

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Child's allergies (if any):** \_\_\_\_\_

\_\_\_\_\_

**Medications your child is currently taking:** \_\_\_\_\_

\_\_\_\_\_

**Other medical or physical restrictions:** \_\_\_\_\_

\_\_\_\_\_

**Parent's name:** \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

**Phone#:** \_\_\_\_\_  
**Alt Phone #:** \_\_\_\_\_