



# Troop 280 Information and Permission Form

## 2009 Activities



### *Information (personal, contact, and medical details)*

Scout(er) Name: \_\_\_\_\_  
(First) (Middle) (Last)

Scout(er) Info: \_\_\_\_\_ **S M L XL 2X**  
(Birth Date) (Age) (School/Company) (Grade) (T-shirt Size—circle one)

Parent(s)/Guardian(s) at home: His - \_\_\_\_\_  
(Spouse for Scouter) (Name) (Relationship) (Cell Phone)

Hers - \_\_\_\_\_  
(Name) (Relationship) (Cell Phone)

Home: \_\_\_\_\_  
(Street) (City) (Zip) (E-mail) (Phone)

Work: \_\_\_\_\_  
(Street) (City) (Zip) (E-mail) (Phone)

Emergency Contact #1: \_\_\_\_\_  
(Name) (Relationship) (Phone)

Emergency Contact #2: \_\_\_\_\_  
(Name) (Relationship) (Phone)

Scout(er)/Family Doctor: \_\_\_\_\_  
(Name) (Phone)

Health Insurance: \_\_\_\_\_  
(Company/Plan) (Group/Plan ID Number(s)) (Phone)

Prescription Medications:    No     Yes  *(please indicate below)*

\_\_\_\_\_  
(Drug #1) (Dosage) (Frequency/Time(s))

\_\_\_\_\_  
(Drug #2) (Dosage) (Frequency/Time(s))

\_\_\_\_\_  
(Drug #3) (Dosage) (Frequency/Time(s))

Allergies (non-food):    No     Yes  *(please list below...include: medications, plants, materials, etc.)*

\_\_\_\_\_  
(Allergy #1) (Precautions, Treatments, etc.)

\_\_\_\_\_  
(Allergy #2) (Precautions, Treatments, etc.)

\_\_\_\_\_  
(Allergy #3) (Precautions, Treatments, etc.)

Food Restrictions:    No     Yes  *(please list below...include: allergies, religious, etc.)*

\_\_\_\_\_  
(Restriction #1) (Restriction #2) (Restriction #3) (Restriction #4)

Other relevant physical or behavioral conditions/limitations:    No     Yes  *(please explain below)*

\_\_\_\_\_  
 \_\_\_\_\_



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### *Permission (informed consent, hold-harmless release, and medical authorization)*

- I understand that Troop 280 is chartered by the Highland Village Lions Club through the Boy Scouts of America, and that it is a voluntary organization.
- I understand that weekly troop meetings are conducted at Trietsch Memorial United Methodist Church, and that monthly campouts and other outings are held at locations approved by the adult leaders of Troop 280. I also understand that some of the activities of Troop 280 are offered primarily through the troop, while other such activities are sponsored by or use the facilities of the Topsanah District, the Longhorn Council, or other divisions of the Boy Scouts of America.
- I understand that Troop 280 activities include, but are not limited to, the following:
  - Weekly troop meetings, and occasional patrol meetings
  - Monthly campouts, summer camp, and mystery camp
  - Periodic service projects, conservation projects, and fundraisers
  - Possible other outings (hiking, climbing, rappelling, swimming, boating, shooting, riding, etc.)
- I understand that participation in the activities of Troop 280 involves a certain degree of risk that could result in serious injury or even death. I have carefully considered both the benefits and the risks involved, and hereby give my son/ward/self, \_\_\_\_\_, my consent to fully participate in the activities of Troop 280. Furthermore, having full confidence that precautions will be taken to ensure the safety and well-being of my son/ward/self, I hereby release and hold harmless, and waive all claims I may have against Trietsch Memorial United Methodist Church, Troop 280, Boy Scouts of America, Longhorn Council, Topsanah District, activity coordinators, troop leaders, all employees, volunteers and/or sponsors associated with these events.
- I understand that reasonable personal discipline may be required for the safety and benefit of the troop and of individuals, and may be administered by the Scoutmaster or his designee.
- I understand the need for first aid, so for minor injuries or illnesses I authorize the use of bandages, ointments, pain killers, or any specific medications brought by my son/ward (as limited below).
- I understand that every effort will be made to contact me in the event of an emergency, using the contact information of the reverse side of this form. If I cannot be reached, I hereby authorize the adult leaders present to give first aid treatment and/or CPR before professional medical help arrives, and the licensed health-care practitioner selected by the adult leader in charge to provide proper medical treatment, including (but not limited to) hospitalization, anesthesia, surgery, and injections of medication for my son/ward. I have indicated any treatment limitations below.
- LIMITATIONS (please list *allergies & food restrictions* on Page 1): \_\_\_\_\_  
\_\_\_\_\_

A signature is **required** for authorization by parent(s)/guardian(s) to be valid:

\_\_\_\_\_  
(Name-please print)

\_\_\_\_\_  
(Name-please print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)