



CONSENT FORM
APPROVAL BY PARENTS OR GUARDIANS

First name of BSA member/guest and middle initial Last name
Address Birth date (month/day/year)
City State Zip
Area Code and telephone No. (parent's business) Area code and telephone No. (home)

APPROVAL

FOR: (Name of activity, orientation flight, outing, trip, etc.) ON: (Date(s))

Parent / Guardian Signature Date

PARENTS OR GUARDIANS

(Please read all statements before giving approval for participation in the activity listed above.) I hereby approve and agree to all terms, conditions, and waiver of claims of the CONSENT FORM and certify to its correctness. Further, I agree that this BSA youth member or guest can meet the health and physical fitness requirements of the trip or activity.

Waiver of Claims

In consideration of the benefits to be derived from participation in this trip or activity, any and all claims against the Boy Scouts of America, pack, troop, patrol, team, crew and chartered organization, or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss or harm to/or incurred or suffered by the applicant named above or to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicant's family or guardians.

Medical Release

In the event of illness or injury while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company
Policy number
Physician
Telephone No. ( ) Physician

Water Activities

In the event that the trip or activity takes place in total or in part on or near water, I certify that this BSA youth member/guest is (check one):

- Non-swimmer
Beginner Swimmer
Advanced Swimmer
Lifeguard Certificate Holder

All such activities are to be conducted within the safety guidelines as may be appropriate.

Scout/Venturer Driver Qualifications

When traveling to a Scout or Venturing event under the leadership of an adult tour leader (at least 21 years of age), a Scout/Venturer at least 16 years of age may be a driver subject to the following qualifications:

- (1) six months' driving experience as a licensed driver (time on a learner's permit or equivalent is not to be counted)
(2) no record of accidents or moving violations
(3) parental permission has been granted to leader, driver and riders

Notary Public (if required)

Subscribed and sworn before me on this the day of (year)

My commission expires: (year)

Signature

Notary public

Name: \_\_\_\_\_  
Last
First
MI

# PERSONAL HEALTH AND MEDICAL RECORD

## CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

Update for each activity: Day camp, overnight hike, or programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is to be filled out by all participants and is carried on the activity for easy reference.

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

**ALLERGIES:** Food, medicines, insects, plants Yes  No  Explain: \_\_\_\_\_

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention - Deficit Hyperactivity Disorder)	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: \_\_\_\_\_

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: \_\_\_\_\_

The following over-the-counter medications might be available from the crew first aid kits. Please signify your authorization by initialing each space for the adult leaders to provide these medications to your son based on need and/or their judgment or, if appropriate, whether your permission is granted for your son to carry medications for self-administration.

<u>Medication</u>	<u>By Adult</u>	<u>Self Medicate</u>
(Brand names are listed only for illustration - generics or other brands might be used)		

Acetaminophen (Tylenol)	_____	_____
Antacids (Tums, Rolaids)	_____	_____
Antihistamine (Benadryl)	_____	_____
Antibiotic ointment (Neosporin)	_____	_____
Decongestant (Sudafed)	_____	_____
Ibuprofen (Advil)	_____	_____
Anti-diarrheal (Imodium)	_____	_____
Constipation (Dulcolax)	_____	_____
Please list any medications that you will provide.		
_____	_____	_____
_____	_____	_____

Printed Parent's Name	Parent's Signature	Date
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Health Comments: \_\_\_\_\_  
 \_\_\_\_\_  
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