

**Boy Scout Troop 123
North Merrick New York
First Aid and Emergency Medical Care Permission
2009 - 2010 Scout Season**

Scout's Name: _____

Authorizing Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____

Emergency Phone: _____

Family Physician: _____

Physician Phone: _____

Family Health Insurance Co: _____

Insurance Policy Number: _____

I am the lawful parent or guardian of the above-named child and I give my permission for my son to participate in Troop activities. I understand that such participation may involve physical activities and outdoor events, which can entail some risk of injury. As a safety precaution, I hereby authorize the Scoutmaster or his designated representative to render first aid and/or obtain emergency medical treatment, including hospitalization, if illness or an injury occurs during a Troop 123 event and, in the opinion of the Scoutmaster or his designated representative, such first aid or medical care as needed. If my child requires immediate medical care, I request that treatment be instituted immediately as the judgment of medical personnel dictates. I agree to hold the, Scoutmaster and/or his authorized representative, harmless for any actions or judgments that they may make on behalf of my son during an emergency medical situation that occurs during Troop 123 meetings or events.

This authorization shall apply during all Troop 123 meetings and events during the 2009 - 2010 Scouting Season.

(Parent or Guardian Signature)

(Date)