

Troop 14
Hampton Park Christian Church
Toledo, Ohio

Parent's Consent to Activity or Trip

I hereby consent to my son's participation in the activity or trip identified below and waive all claims against Troop14 , its leaders or officers, or against the Erie Shores Council of Boy Scouts of America and/or its leaders, officers, employees, agents or representatives in Connections with any occurrence during the course of this activity or trip..

Medical Authorization

In the event that my son should require medical attention and/or treatment during the course of this activity and, if after a reasonable attempt, I can not be contacted for the purpose of consenting to such treatment in a timely manner; I hereby give permission to any hospital, physician, and/or other appropriate health provider selected by an adult leader of the activity of trip to undertake any form of medical treatment considered necessary or appropriate by such provider under the circumstances.

Polishing Day
Willow Run (Airport), Michigan
April 5, 2008

Name of Scout

Name of Parent Signing Below

Street Address

City, State, Zip

Home Phone

Work Phone

Medical Insurance Co.

Policy or Group Number

Parent's Signature

Date

My son is taking _____ Medication _____ times each day. (Please take and administer it)(I trust my son to self-administer this medication).

I give permission to an adult leader to administer pain medication if deemed appropriate _____(Initial).