

PERMISSION TO PARTICIPATE

St. Thomas More
BSA Troop 159
10205 Ranch Road 620 North
Austin, Texas 78726-2210

ACTIVITY: _____

DATES of ACTIVITY: _____

LOCATION: _____

My son _____ has my permission to participate in the Troop 159 activity mentioned above.

I know of no health or fitness restrictions that preclude his participation. In the event of illness or injury occurring to my son while involved in this activity, I consent to x-ray examination, anesthesia, medical and/or surgical diagnostic procedures that are considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing services. I understand that in the event of a serious injury or illness, reasonable efforts to reach me will be attempted.

List any pre-existing medical conditions, prescription drugs taken on a regular basis, or allergies, including drug allergies. Use back of this sheet if you need more room

YES / NO A current medical form is on file with the troop.

YES / NO The troop has current medical insurance information on file.

Signature: _____ Date: _____

Home Phone # _____ Cell Phone # _____

YES, Parent will be on the campout and can transport ____ scouts total.

YES / NO My DL#, auto information and insurance is on file with the troop.

Additional contact information:

Scoutmaster - Jim Stephens jimntess@sbcglobal.net 335-3752 hm

Committee Chair - Jenny Jensen jensen@canyoncreek.net 553-6748 cell