

PERMISSION TO PARTICIPATE

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

ACTIVITY:

DATE:

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)_____

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 #_____

{ } Parent will be on the campout and can transport ___ scouts.

Additional information contact:

Steve Haecker (250-1477), Bill Conrad(335-6537), Kathy Judice(996-9217)