

Parent/Guardian Consent Form Troop 364, Homewood, Illinois

I am the parent or legal guardian of _____ Date of Birth ____/____/____, a participant in Troop 364, Homewood, Illinois. My signature below these provisions indicates that I agree with, accept and acknowledge the information contained in this document.

I understand that all participants must follow the Scout Oath and Law, follow any instructions they are given by their parents, Scoutmaster, medical advisors or Troop Adult Leaders, and abide by Boy Scouts of America policies. I understand and hereby agree to the dismissal of my child from this program for any violation of these rules. I further agree to immediately pick up my child from this program for any violation of these rules.

I understand that basic first aid treatment will be available and participants if necessary will be taken to the nearest medical center. I hereby consent to the giving of first aid treatment and medical treatment described in this paragraph. I acknowledge that I am responsible for any charges incurred in the treatment of my child. I also acknowledge that the Calumet Council-Boy Scouts of America, are not responsible for any medical bills incurred for any medical treatment provided to my child while he is attending Troop Activities. The Troop, through Calumet Council, does have a secondary insurance policy which may or may not be applicable.

In case of illness of my child, I hereby authorize a Troop 364 Adult Leader to obtain necessary treatment. I also understand that if emergency treatment or surgery is necessary, the Troop Leader or medical personnel will attempt to notify me to obtain my approval. In the event that efforts to contact me or my designee are unsuccessful, I hereby authorize the attending physician to administer any treatment, including surgery which is deemed necessary.

In the consideration of the benefits to be derived by the participation in Troop Activities, I hereby release and hold harmless Troop 364, its sponsoring organization, St Andrew Methodist church and/or Calumet Council - Boy Scouts of America, their officers, employees, volunteers or agents, and any medical treatment personnel selected, from any and all liability or damages including accidental injury or illness, which may result from the participant's voluntary attendance in this program. I consent to the use of my son's image and likeness by photograph, recording, video, etc. in promotion materials for Boy Scout of America and Calumet Council and may be posted on the Troop 364 and/or Council web site.

	Name	Address	E-mail Address
Scout			
Parent/Guardian A			
Parent/Guardian B			

Phones: We request multiple phone numbers for parents & guardians in the event of an emergency during a camp-out.

	Name	Home Phone	Cell Phone	Work Phone
Scout				
Parent/Guardian A				
Parent/Guardian B				
Alternate adult, in case parents/guardians are unavailable.				

If medical treatment is required, I hereby authorize the use of my following medical insurance information:

Insurance Company:			
Street Address, City, State, Zip Code:			
Policy Holder's name and date of birth:			
Policy No. and Group Code			

Please Attach a Photocopy of Both Sides of the Policy Holder's Insurance Card



Parent/Guardian Signature: _____ **Date:** _____