



BOY SCOUT TROOP 306

ARLINGTON, MASSACHUSETTS

I give my permission for my son _____ (*name*) to participate in _____ on _____. In the event of an emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician or other emergency health professionals selected by the adults or scout leaders coordinating the above-named event to secure proper treatment, including hospitalization, anesthesia, surgery, or injection of medication for my child. I also authorize the adults in charge of the activity to administer emergency first aid as they deem necessary and agree to waive all claims against and hold harmless any leaders administering such emergency aid.

Date _____ Signature of Parent/Guardian _____

Phone number(s): _____

Any special medical information: _____
