

**ACTIVITY PERMISSION FORM
BSA Troop 222**

Activity:
Activity Location:
Dates/Time:
Activity Leader: Brian Schwettmann
Activity Fee:

RETURN FORM AND ACTIVITY FEE BY:

PARTICIPANT NAME: _____

PERSONS TO CONTACT IN AN EMERGENCY:

Name: _____ Phone # _____

Alt. Phone # _____

PARTICIPANT IS ALLERGIC TO THE FOLLOWING DRUGS / SUBSTANCES:

MEDICAL INSURANCE UPDATE

Company: _____ Policy / Group # _____

Name of Insured: _____ ID # _____

ADDITIONAL NOTES OR COMMENTS (Including updated medical information):

I hereby consent for the about Participant to participate in about activity. The Participant has provided to Troop 222 a Personal Health and Medical Record Form required by the current policies of the Boy Scouts of America and that form is Current and accurate except as shown above. Except as noted above, I consent to allowing adult leaders to administer Non-prescription medications to the Participant from the Troop 222 first aid kit such as antibiotic cream, hydrocortisone cream (for allergic rashes), hydrocortisone inhaler (for asthmatic emergency), glucose tablets (for diabetic need), Ibuprofen, acetaminophen, antihistamines (for allergic reactions to insect bites, etc), antacids. In the event of a medical or Disciplinary problem, I understand that I may be required to furnish transportation for the Participant from the activity location back to Arlington.

Date: _____

Signature of Participant or parent/guardian if Participant is a minor

Parents: Detach here and retain lower part for your records

Activity:
Activity
Dates/Time:

Activity Leader: Brian Schwettman
Activity
Telephone: 817-475-9201