



**BOY SCOUTS
OF AMERICA**

Troop 101

Our Lady of Fatima Church 403 Spring St. Elizabeth, NJ 07201-1924

www.troop101.org

_____ has my permission to participate in all of Troop 101's activities for the scouting year 2011 – 2012. I agree to abide by Troop 101's policy and not remove my son from any activity until the Senior Patrol Leader or appropriate adult leader dismisses all Scouts at the conclusion of the activity unless previous approval has been granted or unforeseen circumstances arise.

Permission To Participate and Waiver of Responsibility for Troop Activities

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every reasonable precaution will be taken to ensure the safety and well being of my Scout son/ward (named above), I agree to his participation, and waive all claims against (a) the leaders/organizers of these activities, (b) Troop 101, (c) Troop 101's chartering organization, namely Our Lady of Fatima Church and its affiliated organizations, (d) Patriots Path Council, (e) the Boy Scouts of America, and (f) the officers, agents, representatives, and affiliates of the aforementioned parties.

Permission To Obtain Emergency Medical Treatment and Release Medical Information

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge, to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Talent Release

I hereby assign and grant to Troop101, the right and permission to take, use and publish photographs or electronic representations of my son. I authorize the electronic storage and/or distribution of said photographs or electronic representations without limitation at the discretion of Troop 101.

I certify that I am the parent or legal guardian of the Scout named above, and that I have read and understand this document in its entirety. I affirm that I agree with the terms of this document without qualification.

Signature of Parent/Legal Guardian

Date

Primary Phone Number

Secondary Phone Number



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Personal Health and Medical Record

Class 1

(to be filled out by parent/guardian in ink)

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:	Yes	No		Yes	No		Yes	No
ADHD (Attention-Deficit								
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____