# Boy Scout Troop 115
## Parental Release

Scout's Full Name_____
Address_____ _____
City_____State_____Zip_____Birthdate_____
Home Phone_____School:_____Grade:___
Parent Name:
Father:_____ Mother:_____
Parent Phone:_____C _____C
_____W _____W
Allergies/Medication:_____
_____
_____
EmergencyContact:_____
Relationship:_____ Phone(s):_____
Insurance Information: Hospital insurance: _____yes _____no
Insurance company_____
Policy Number;_____Group :_____

~~To whom it may concern:~~
The undersigned does hereby give permission for my (our) child,_____ to attend and participate in activities of Boy Scout Troop 115, sponsored by American Legion Post 30, Albany, GA (229) 432-5877,

I (we) do hereby give permission for an adult, in whose care my above named child has been entrusted, to consent to any and all medical care deemed necessary by a licensed medical doctor for my child.. This care includes, but is not limited to: x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, medication and hospital care.

We further agree to be financially liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child, pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, I (we) shall assume responsibility for all transportation costs.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in these activities.

**Signed:**

**Scout:** _____ **Date:** _____

**Father:** _____ **Date:** _____

**Mother:** _____ **Date:** _____

**Legal Guardian** _____ **Date:** _____

**Use the reverse side to list additional medical information or problems that your child may have.**