

Troop 706



INFORMED CONSENT, RELEASE AGREEMENT AND AUTHORIZATION

SCOUT NAME: _____ Cost \$ _____ ACTIVITY: _____ DATE: _____

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instruction and abide by all applicable rules and the standards of conduct.

In case of emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

With appreciation of the danger and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims of personal injury, death or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators and all employees, volunteers, related parties or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions or check NONE _____

List medications/instructions or check NONE _____

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PARENT CELL: _____ PARENT HOME: _____

Parental help and support is always welcome and necessary.