

Troop 22 Whitman

<http://www.t22whitman.org>

PERMISSION SLIP & FAMILY INFORMATION SHEET FOR 2018-2019

PERSONAL AND MEDICAL INFORMATION *(This is a required form per Scout)*

Full Name of Scout:	Nickname of Scout:
Address: (City, State, Zip)	
Scouts DOB:	Name of Parent 1: (primary point of contact)
Scout's Mobile Phone:	Parent 1 Mobile:
Scout's E-mail address:	Parent 1 Email Address:
Home Phone:	Name of Parent 2: (secondary point of contact)
Physician Name:	Parent 2 Mobile:
Physician Phone:	Parent 2 Email Address:
Medical Insurance Company Name	Policy Number:
Cub Scout Crossover Date if recent:	T-Shirt Size: <i>(they shrink)</i>

* Per Boy Scout Youth Protection Guidelines - there is no one on one texting or email communication between a scout and adult. The information provided is for group texts and emails to the troop.

EMERGENCY CONTACT INFORMATION

Name:	Relation to Scout:
Address	Phone Number(s) ()

This form is to be kept on file with Troop Advancement records.
Copies of this form will be carried by tour leader(s) on all Troop outings.

Troop 22 Whitman

<http://www.t22whitman.org>

LAST NAME: _____

MEDICAL BACKGROUND

Have or subject to the following (check where applicable)			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bleeding Disorders	<input type="checkbox"/> Other/explain	
Other Explanation:			
<input type="checkbox"/> Allergy to any medication, food, plant, animal, or insect toxin (check and list)			
<input type="checkbox"/> Any condition that may require special care, medication, or diet (check and list)			
Have difficulty with the following (check where applicable)			
<input type="checkbox"/> Eyes, ears, nose or throat	<input type="checkbox"/> Digestion	<input type="checkbox"/> Night issues	<input type="checkbox"/> Lungs
<input type="checkbox"/> Sleep Walking			
<input type="checkbox"/> Any other restrictions of activity for medical reasons? Explain. Attach separate sheet if necessary.			
<input type="checkbox"/> Any condition now requiring regular medication. Please list name of medication(s) Attach separate sheet if necessary.			
<i>PLEASE NOTE: All medications must be self administered and personally controlled.</i>			

SCOUTING HISTORY

Experience or Highest Rank in Scouting:	(Scout) Date Joined Troop 22:
	(Scout) Earned Arrow of Light? Y / N Date:
Parent interested in becoming an Adult Leader? Y / N	Parent interested in becoming a Merit Badge Counselor? Y / N
Position of Interest:	Badge:

This form is to be kept on file with Troop Advancement records.
Copies of this form will be carried by tour leader(s) on all Troop outings.

Troop 22 Whitman

<http://www.t22whitman.org>

PARENT or GUARDIAN CONSENT

I understand that the youth participant named above and the other members of his Boy Scout Troop are encouraged to participate in hikes, camping trips, service projects and other vigorous outdoor activities throughout the year. The troop leaders pledge to organize all Troop outings to comply with B.S.A Youth Protection Guidelines. The Troop committee determines safe travel arrangements from the Troop gathering place to and from these events. Health and accident insurance provided through the Old Colony Council, B.S.A plan covers the first \$100 of covered medical treatment, and acts as an excess to other coverage in effect for additional expenses. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activities described above. I understand the Scout Oath and Law are the basis for appropriate and safe behavior at any Troop outing or function. If at any time during a Troop outing the Adult Leaders of Troop 22 deem my son's behavior inappropriate or unsafe; I will be responsible for his transportation home from the outing. I agree to provide a phone number where I may be reached, or designate a responsible relative or adult to transport my son home should the need ever arise.

Parent or Guardian Signature: _____ Date _____

INTERNET / NAME & PHOTO PERMISSION

I grant permission for my son's name (First name and Last name initial only) and/or photographs which include my son to be used on the Troop 22 Website, newsletter, or other troop promotional media.

Parent or Guardian Signature: _____ Date _____

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize the Troop 22 adult leader in charge or such substitute as he/she may designate as agent for the undersigned to consent to emergency medical care as needed for the above minor which is deemed advisable by a licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, Scout Camp, or elsewhere. This authorization will remain effective while the above minor is en-route to or from or participating in official troop activities.

Parent or Guardian Signature: _____ Date _____

SCOUT EXPECTATIONS AGREEMENT

As a Boy Scout of Troop 22, I agree to live by and follow the Scout Oath, the Scout Law, the Outdoor Code and the Troop 22 guidelines on all Scout outings. Should I break these guidelines I agree to accept the consequences decided upon by my Scout leaders. Additionally,

- I will respect the property and rights of others. I will not verbally or physically abuse or hurt another person.
- I will acknowledge my youth and adult advisors; follow their directions and participate in the troop activities.

Scout Signature: _____ Date _____

This form is to be kept on file with Troop Advancement records.
Copies of this form will be carried by our leader(s) on all Troop outings.