



Troop 7 – Brimfield, MA  
 Boy Scouts of America, Inc.



**BSA Troop 7 - 2021 Activity Permission Form**

**Parent/Guardian Consent:**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity(s) is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity(s) from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

My child, \_\_\_\_\_, has permission to participate in the Troop 7 activities for the 2021 calendar year.

Parent/Guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If I can not be reached in the event of an emergency, I hereby authorize emergency medical services to be provided to my son by trained medical personnel and the following person is authorized to act on my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Doses: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Doses: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Doses: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Doses: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Doses: \_\_\_\_\_

Current Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_