



**REGISTRATION AND MEDICAL RELEASE FORM**

**Part 3**

**This form must be turned in to Scout Trip Coordinator with proper fee on or before \_\_\_\_\_**

I (we) will be attending the \_\_\_\_\_ Trip,

Scheduled for the Day(s) / Date (s) of: \_\_\_\_\_ through \_\_\_\_\_

Scout (s) attending (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent (s) attending \_\_\_\_\_ Enclosed is \$ \_\_\_\_\_

Parent willing to provide transportation to/from site even if not participating on trip: YES \_\_\_ NO \_\_\_

**Parent authorizes use/release of funds from the Scout's account to pay for this trip:**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

**MEDICAL INFORMATION**

I (parent / guardian) recognize that under the best supervision, accidents may happen. In the event that my son (s) become injured or ill, I hereby grant to the Scout trip leaders, who, if unable to reach me in a reasonable length of time, may, at their discretion, admit my son(s) to a hospital for emergency treatment as determined by the physician in charge at the time.

My son (s) \_\_\_\_\_ has / have my permission to participate on this trip. He is in good physical condition and has had no serious illnesses or operations in the last six weeks.

**My son is allergic to the following foods, insect stings, medications, etc.**

(Name of Scout) \_\_\_\_\_ is allergic to \_\_\_\_\_

**My son is taking the following medication:** \_\_\_\_\_ **Dosage** \_\_\_\_\_

In the event of an emergency, I may be reached at the following phone number(s): home \_\_\_\_\_

Work \_\_\_\_\_ Cell Phone \_\_\_\_\_

My Insurance Company is: \_\_\_\_\_

My Insurance I.D. Number is: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

I WILL NOT permit the above medical treatment to be done under any circumstances!

Signature of Parent or Guardian

\_\_\_\_\_  
(Your son may still participate in the trip, but under these circumstances, a parent or guardian must accompany the Scout on the trip.)