



Scouts BSA
JPL TROOP 509
Philmont Consent Form



This form is to be completed by all crew members, both minors and adults, and given to the organizer of the trip. Parents should keep a copy of the form as it has important contact information at the bottom.

Name of scout/participant _____, age _____, has my consent to participate in backpacking and other activities at Philmont Scout Ranch in New Mexico from _____ to _____.

Scout/participant's medical insurance including policy number: _____

Any medical conditions, allergies to foods or drugs or plants, dietary restrictions, physical limitations, or anything else the leaders should be aware of, including whether any prescription medications will accompany the scout:

Consent to OTC Medications

I give permission for the following over-the-counter medications, if available to the leaders, to be administered to my child when appropriate (cross out any you do not want given to your child): for pain or fever - acetaminophen (e.g., Tylenol), ibuprofen (e.g., Advil); antihistamine for allergies - diphenhydramine HCL (e.g., Diphen, Histaprin); for upset stomach - bismuth subsalicylate (e.g., Diotame); for sore throat - dyclonine hydrochloride (e.g., Sucrets); antiseptic ointment - povidone-iodine USP (e.g., Povidone); antiseptic towelettes - benzalkonium chloride; for cuts - neomycin sulfate, bacitracin, polymyxin B sulfate (e.g., Neosporin); for skin irritation & rashes - hydrocortisone acetate (e.g., Hydrocortisone cream); for sting relief - lidocaine, ethyl alcohol (e.g., Safetec); for hot spots - benzoin; insect repellent - DEET; foot care powder - miconazole nitrate (e.g., Lotrimin); foot care ointment - aloe, tolnaftate, triclosan (e.g., Sportslick); hand sanitizer - ethyl alcohol; for motion sickness - dimenhydrinate (e.g., Dramamine); for diarrhea - loperamide (e.g., Imodium); for nasal congestion - pseudoephedrine (e.g., Sudafed).

Emergency Care

In case of an emergency involving my child, I understand reasonable efforts will be made to contact me. In the event I cannot be reached, I give permission for my child to be treated by medical providers selected by the adult leaders, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to the adult leaders any examination findings, test results and treatment provided, for purposes of medical evaluation, follow-up and communication with me, and/or determination of my child's ability to continue in the program activities.

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk and can be physically, mentally and emotionally demanding. I have carefully considered the risk involved and give consent for my child (or myself) to participate in this activity. I also understand that participation in this activity 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 leaders, and all employees, volunteers, related parties or other organizations associated with the activity from any and all claims or liability arising out of this participation.

Parent signature _____ Printed name _____ Date _____

Names, telephone numbers and email addresses of those to be contacted in an emergency:

Crew advisors: _____

Troop contact (not on trip): _____

Philmont emergency telephone: **(575) 376-2281**

Expedition number: _____