



Scouts BSA

# JPL Troop 509

Est. 1952

La Cañada Flintridge, CA

jpltroop509.org



## Activity Consent Form

The activity leader fills out the activity name, date(s), leader and emergency contact information, then all participants in the activity - scouts, adults & siblings - complete the remainder of the form and give the signed form to the activity leader. Parents should keep a copy of the form for the contact information at the bottom.

Name of scout/participant \_\_\_\_\_, age \_\_\_\_\_, has my consent to participate in \_\_\_\_\_ on \_\_\_\_\_.  
name of activity date(s)

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 - aspirin, acetaminophen (e.g., Tylenol), ibuprofen (e.g., Advil); for nasal congestion - pseudoephedrine (e.g., Sudafed); for diarrhea - loperamide (e.g., Imodium); for sore throat - dyclonine hydrochloride (e.g., Sucrets); for burns - benzalkonium, lidocaine, melaleuca oil; for insect bites - benzocaine; for cuts - neomycin, bacitracin, polymyxin B; for upset stomach - antacid (e.g., Tums, Mylanta); for motion sickness - dimenhydrinate (e.g., Dramamine); for allergies - diphenhydramine (e.g., Benadryl); for itching - chlorpheniramine (e.g., Chlor-trimeton).

### 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 to contact in an emergency

Leader name, phone & email: \_\_\_\_\_

\_\_\_\_\_

Emergency contact (not on trip): \_\_\_\_\_