



NAME OF SCOUT: \_\_\_\_\_

**Troop 799**  
**Boy Scouts of America**  
*Richmond, Virginia*

**Permission to Participate in Scouting Activities**

I give permission for my son to go on various campouts throughout the scout year 20\_\_ through 20\_\_ with Boy Scout Troop 799.

In the event of illness or injury occurring to my son, I consent to and give my permission for any first aid or medical treatment that is necessary. My scout may be hospitalized and/or treated by a Health Care Provider or Physician selected by the group leader as required by the injury or emergency setting at my expense. I further agree to hold Troop 799 and its leaders blameless for any accidents that might occur during any outing or activity EXCEPT for clear acts of negligence or non-adherence to Boy Scouts of America policies and guidelines.

I have read this permission form and I understand its intent and content:

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

\_\_\_\_\_  
Date

EVERY EFFORT WILL BE MADE TO CONTACT ME AS SOON AS POSSIBLE AT THE NUMBERS BELOW

HOME ( ) \_\_\_\_\_

WORK ( ) \_\_\_\_\_

CELL #1 ( ) \_\_\_\_\_

CELL #2 ( ) \_\_\_\_\_

**Authorization for Release of Health Information**

I, \_\_\_\_\_, the parent / legal guardian of \_\_\_\_\_, hereby authorize any doctor or hospital treating the scout while he is participating in a Troop 799 function to discuss and release information regarding such treatment or follow-up care to any of the following representatives of Boy Scouts of America, Troop 799:

1. Troop 799 Scoutmaster
2. Troop 799 Outing / Activity Leader
3. Troop 799 Adult Leader that I specify: \_\_\_\_\_

This authorization will remain in effect for the scouting year 20\_\_ through 20\_\_.

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

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_