BOY SCOUTS OF AMERICA **TROOP 604** **VENTURA COUNTY COUNCIL**

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BOY SCOUT ACTIVITY
(Applies to all personnel under the age of 18)

SCOUT**:** (print name): _____ DATE: _____
MONTH / DAY / YEAR

ADDRESS: _____

DATE OF BIRTH: _____ _____ _____ PHONE: _____

has my permission to participate in: _____

to be held: _____ at: _____
(from-to date) (location)

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

DATE: _____ SIGNED: _____ RELATIONSHIP: _____
(Parent or Guardian)

(Print name): _____
(Parent or Guardian)

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: (print): _____ PHONE: _____

PHYSICIAN (print): _____ PHONE: _____

MEDICAL INSURANCE INFORMATION: Company or Provider: _____

Policy Number: _____ Company/agent's phone number: _____

LIST ALL ALLERGIES (meds, nuts, bees): _____ ☐ NONE

LIST ALL MEDICATIONS / REASON (dose, time): _____ ☐ NONE

LIST ALL PRIOR MAJOR INJURIES, SURGERIES, SICKNESS: _____ ☐ NONE

LIST ALL MEDICAL TREATMENT IN THE LAST 90 DAYS: _____ ☐ NONE

ANY OTHER MEDICAL CONDITIONS (nose bleeds, untreated items, anything we need to know):

_____ ☐ NONE

Modified from BSA form 680-673 2014 revision