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**PARENTAL INFORMED CONSENT AGREEMENT**

I understand that participation in \_\_\_\_\_ offered through BSA Troop 111 of Patriot's Path Council, BSA, from \_\_\_\_\_ offers a certain degree of risk for my child that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given \_\_\_\_\_ (name of son) my consent to participate in \_\_\_\_\_ from \_\_\_\_\_

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections or medication for my child.

In addition, I hereby give my permission for the adult leader in charge to administer over the counter medication as he/she deems necessary.

This form must have both parent/guardian signatures.

\_\_\_\_\_  
Printed Parent/Guardian Name      Printed Parent/Guardian Name

\_\_\_\_\_  
Signature      Signature

\_\_\_\_\_  
Date      Date

Parent Contact Phone Numbers for the trip:

\_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name: ..... Address: .....

Phone: ..... .....

Relationship to Scout: .....

Physician's Name: ..... Phone: .....

Insurance Co:..... Policy Number:.....

Medications and Dispensing Instructions: .....

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NOTE: By National BSA Policy, the taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. While all prescription medication must be held by the adult leader in charge, no Troop 111 adult leader can agree to accept the responsibility of making sure a Scout takes the necessary medication at the appropriate time. All prescription medication must be in it's original container with dispensing instructions printed on the label.