

Medical Release/Permission Slip for Venture Crew 57, B.S.A.

Effective date _____

Special event _____

Scout's name _____

Address _____

Phone number(s) _____ Cell _____

Alternative contact _____ Phone _____

Allergies _____

Medications _____

Family doctor's name _____ Phone _____

Insurance carrier _____

Policy number/group _____

Insurance phone number _____

As parent/guardian of the above youth I hereby give permission to the Venture Crew 57 leader in charge to act on my behalf in case I or the alternate contact cannot be contacted during a medical emergency, including making decisions on my behalf in cases of emergency surgery, anesthesia, as well as all types of necessary first aid which would need to be administered by a professional.

Parent's name _____

Parent's signature _____

Venture Crew 57 Leader in Charge _____

I allow my child to ride in the car of _____ in the event that I will not be driving or going on the Venture Crew 57 event.

Parent's signature _____