

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

Effective date DEC 22, 2018 → JANUARY 19, 2019

Special event MODEL TRAIN EXHIBIT AT: DOWNERS GROVE, SCHAUMBURG, DARIEN

Scout's name \_\_\_\_\_

Address \_\_\_\_\_

**PARENT'S**

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 \_\_\_\_\_