



# Troop 753



## BSA Consent Agreement & Medical Release Form - Non Prescription

### INFORMED CONSENT AGREEMENT

I understand that participation in the Troop 753 monthly campouts / activities offered through the Circle 10 Council, Boy Scouts of America, ( Activity)

involves a certain degree of risk. I have carefully considered the risk involved and have given \_\_\_\_\_, my (son/ daughter), (Name)

my consent to participate in Troop 753 monthly campouts / activities thru July 31, 2012. This form must have both parent/guardian signature(s): ( Activity) (Date)

_____	_____
Name (Please print.)	Name (Please print.)
_____	_____
Signature	Signature
_____	_____
Date	Date

Telephone number(s) (area codes included) \_\_\_\_\_

Please **INITIAL** the following statements:

\_\_\_\_\_ I understand the consent form covers any of the campouts / activities for the months listed below and identified on the annual troop calendar, including Winter and Summer Camps:

- August
- September
- October
- November
- December
- January
- February
- March
- April
- May
- June
- July

\_\_\_\_\_ I understand campout locations and/or dates are subject to change

\_\_\_\_\_ I understand that I may revoke this consent form at any time of my choosing. **This must be done in writing.**

### NON PRESCRIPTION MEDICAL RELEASE

This section of the form must be filled out for any camper that may be requesting non-prescription medication at camp. Medication will not be dispensed without this form. Please list any non-prescription medication information on this form that you do not wish your Scout to take (using the back of the form, as necessary).

**Please print legibly:**

**Do not dispense the following:**

Scout name: _____	1. _____
Parent/guardian: _____	2. _____
Emergency phone number: _____	3. _____
Doctor: _____	4. _____
Doctor's phone number: _____	5. _____

#### Release acknowledgement

I hereby authorize the adult Boy Scout leaders of Troop 753 to offer non-prescription medication to my Scout, noted above, during troop camping events. Examples of non-prescription medications include name brand or generic versions of: Tylenol, Advil, Benadryl, Pepto Bismol, Neosporin, Solarcain, not excluding other non-prescription medications used for minimizing pain, infection, and allergic reactions. I understand that Boy Scout first aid procedures will be utilized when necessary. I also understand that this authorization will remain in effect during the date range noted below, or until the time I revoke this authorization by contacting a Troop committee member and making such request.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_ thru \_\_\_\_\_