

**TROOP 243 INFORMED CONSENT AGREEMENT AND MEDICAL/DENTAL AUTHORIZATION**

I am the parent or guardian of the following participant:

\_\_\_\_\_

Full name of participant

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Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Telephone \_\_\_\_\_ Birth date \_\_\_\_\_

I give my consent for the above to participate in the activity described below, including associated travel.

**ACTIVITY INFORMATION**

Dates: \_\_\_\_\_ Travel By: \_\_\_\_\_

Activity: \_\_\_\_\_

Physical Exertion: (circle all that applies)

- Athletics
  - Tent Camping
  - Swimming/Aquatics
  - Cold Weather
- Hiking/Backpacking
  - High Altitude
  - Other: \_\_\_\_\_

**MEDICAL INFORMATION**

I have been informed of the activity and the degree of physical/emotional stress involved and consider participant to be in good health and able to participate safely in the activity. Participant has no limitations, no need for medication nor special diet and no allergies other than those stated below: (Use back if necessary)

Limitation: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Allergy or reaction to medication: \_\_\_\_\_

List all medications: \_\_\_\_\_

**MEDICAL/DENTAL AUTHORIZATION**

I authorize an adult agent of the Orange County Council Boy Scout of America (BSA) to stand in my place and stead to administer emergency treatment to, and obtain ambulance, medical, hospital, and/or dental care for participant during the activity and associated travel – all at my expense and on my account. I authorize any person licensed to practice medicine or dentistry to provide, respectively, medical or dental care for participant at my expense and on my account.

**INDEMNITY AND RELEASE**

In consideration of the benefits to me and the participant and the time and expense to be incurred by the BSA and/or agents of the BSA, and the time, risk, and expense of owners and drivers of private vehicles used in connection with the activity and/or associated travel, I (a) agree to hold harmless and indemnify as to any claim or cause of action of participant, participant's parents, guardians, heirs, or any of them, and (b) release, and agree to release the BSA and all agents of BSA, and owners and operators of private vehicles used in connection with the activity and/or associated travel, and each of them, from any and all liability, claim, loss, costs, damages, and/or attorneys fees arising directly or indirectly, in whole or in part, out of the activity, associated private transportation or any emergency treatment or medical or dental care provided the participant, including but not limited to any claim or cause of action for negligence of the BSA, agents of the BSA, and/or owners or operator of such private vehicles, or any or all of them.

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Date                      Signature – Parent or Guardian                      Date                      Signature – Parent or Guardian