

# Waiver of Responsibility

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

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

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son (s) / ward (s), namely:

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On the activity named above. I agree to his participation and waive all claims against the leaders of the trip, officers, agents and representatives of the Boy Scouts of America, and the sponsor, VFW Post 1324. Should the need arise, the leaders of the activity reserve the right to call the parent and send the Scout home from the activity.

Should medical treatment be required, the leaders of the activity named above have my permission to obtain medical treatment for this Scout at the nearest hospital or doctor, at my expense, if our own doctor is not readily available, and as restricted on the Medical record on file with Troop 220.

\_\_\_\_\_  
(Signature of parent or guardian and date)

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

## EMERGENCY INFORMATION

(All information below must be completely filled in by Parent / Guardian)

During the activity listed above, I can be contacted at the following phones and will accept long distance calls the leaders of the activity:

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

The Scout is highly allergic or sensitive to:

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The Scout is taking medication (specify)

Do you want the leader to carry medication?  
(check one)

Yes \_\_\_\_\_ No \_\_\_\_\_

Special medical instructions are attached?  
(check one)

Yes \_\_\_\_\_ No \_\_\_\_\_

## MEDICAL INSURANCE:

Company: \_\_\_\_\_

Policy No: \_\_\_\_\_