

# General Permission Slip

Name \_\_\_\_\_

Address \_\_\_\_\_

In emergency, notify \_\_\_\_\_

Emergency phone \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Tetanus date \_\_\_\_\_ Other Immunizations \_\_\_\_\_

## **Past Medical History**

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

ALLERGIES: (ListType)

Food \_\_\_\_\_

Drugs (be specific) \_\_\_\_\_

Insect stings/bites \_\_\_\_\_

Poison oak, ivy, etc. \_\_\_\_\_

Previous operations or serious illness \_\_\_\_\_

All Current Medications \_\_\_\_\_

Special Diet (be specific) \_\_\_\_\_

## **Permission for Treatment and Discharge**

My permission is granted for those associated with Boy Scouts of America to obtain necessary medical attention in case of sickness or injury for my child, \_\_\_\_\_.

I do hereby release, and forever discharge all sponsors and Boy Scouts of America from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or inquiry while participating in the event. I further accept financial and physical responsibilities for the return of my child should the adult supervision find it necessary to send him/her home.

Parent Signature: \_\_\_\_\_

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