

BSA TROOP 439

Proudly Presents

High Road to Adventure

Permission and Waiver of Liability Form

This form is kept by the Outdoors Activity Chair

I grant permission for my son _____ to participate in all Boy Scout Troop 439 activities during the camping and or event scheduled from March 1, 2008 through March 1, 2009. I will not hold Troop 439, any of the leaders or the vehicle drivers responsible for any accidents which may occur in conjunction with these activities.

Medical Waiver Form / BSA Troop 439

I authorize the adult in charge of Boy Scout Troop 439 to arrange for and grant authorization to appropriate medical authorities for health care as he/she deems necessary for the well-being of my son.

Parent or Guardian Signature: _____

Date: _____

Parent's (Guardian's) Printed Name (PRINT): _____

Child's Full Name (PRINT): _____

Birth Date: _____

Parent's (Guardian's) Insurance Carrier: _____

Policy Number: _____

Allergies and/or additional medical information:
