YEARLY PERMISSION FORM	FIRST BAPTIST CHURCH OF SHELBY BOY SCOUTS OF AMERICA – TROOP 101 PARENT / GUARDIAN ACTIVITY PERMISSION

I (or We) _____ do hereby give my/ our permission
(Parent's or Guardian Name)

to allow my / our son, _____
(Scout's Name)

to attend all Scouting activities with Scout Troop 101 During this Year starting March of **2010** and ending December of **2010** This includes all regularly scheduled events on the Troop 101 Scout Calendar as well as trip / outings that I / we have signed a registration for. He also has permission to attend Troop Service Projects, Fund Raisers and other events that we are notified of and bring or send him to attend.

I further understand that BSA Troop 101 has the right to expel from this activity any Scout whose conduct is unbecoming and would violate the rules of good Scouting. It is also understood that no alcoholic beverages or drugs will be allowed, and should any Scout require the use of medication(s) of any kind during this activity, the Scoutmaster will be notified and the type of medication and dosage will be listed below.

I understand that a BSA Health form is required to be kept on file with Troop 101 and that it is expected to be turned into the troop in March of each year.

Parent or Guardian Signature:_____ Date:_____

SCOUT RESPONSIBILITY

I, _____ , do hereby acknowledge my responsibility to conduct myself in a manner
(Scout's Name)

conducive to the advancement of the Scout Oath, Scout Motto, and obedience of the Scout Law. I understand that misconduct, failing to obey the directions of those placed in charge of me, use of alcohol or drugs, could result in my expulsion from this activity. I do also promise by making this application, to fulfill my financial obligations to the troop for all activities I register for, even if I am unable to attend.

Scout's Signature: _____ Date: _____

SCOUT HEALTH INFORMATION

In the event that my son is sick the week prior to the scheduled trip I will inform the Scoutmaster of his condition and ability to go on the trip. The taking of prescription medication is the responsibility of the Scout taking the medication and/or the Scout's parents or guardian. The Scoutmaster will hold all medication and they will assist the Scout in taking the necessary medication at the appropriate time. All medication taken by the Scout will be provided by the parent or guardian and be clearly labeled with Scout's name, type of medication and dosage. If the Scout is on medication, list the type and dosage below:

☐ My Son does currently take Medication or have information the Scout Master and / or Troop needs to be aware of :
(attach list and or explanation documentation)

☐ My Son does not currently take medication or have health information the Scout master needs to be aware of

Health Insurance Carrier (primary) _____ Policy #: _____ Group # _____

Health Insurance Carrier (Secondary) _____ Policy # _____ Group # _____

Physician Name and Contact Number _____

For all scouts a class 1 and 2 medical form is required to be completed and turned into the troop in March of the year it is due.

EMERGENCY INFORMATION

In case of emergency, please notify:

Parents or Guardians _____

Address _____ City & State _____

Phone(s) **Home:** _____ **Work:** _____ **Cell:** _____

Phone(s) **Home:** _____ **Work:** _____ **Cell:** _____

If the Parent or Guardian is not available in the event of an emergency, please notify the alternate contact below:

Name _____ **Relationship** _____

Address _____ City & State _____

Phone(s) **Home:** _____ **Work:** _____ **Cell:** _____

Phone(s) **Home:** _____ **Work:** _____ **Cell:** _____

In the case of emergency, I understand every effort will be made to contact me (Parent or Guardian). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent or Guardian Signature: _____ Date: _____

REVISED 1/06