# Troop 776 Boy Scouts of America
# St John's Church, Encinitas, CA

**WAIVER OF RESPONSIBILITY -** 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: _____ on the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers, agents, and representatives of the Boy Scouts of America, and the sponsor. In the event of an emergency, the troop unit leader of the activity named below has 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.

_____ _____
(Signature of parent or guardian) (Date)

Activity: _____ (Dates) _____

**EMERGENCY INFORMATION -** During the activity listed above, I can be contacted at the following phones and will accept long distance calls.
( ) ; ( )

This scout is highly allergic or sensitive to: _____

_____

What, if any, medication is this scout taking? _____

_____

Any Special instructions for this medication? _____

_____

Do you want the unit leader to carry the medication? Yes _____ N*o* _____

(While the unit leader can carry the medicine he/she cannot administer the medication.)

Alternate Emergency Contact person: _____

Their Phone No ( ) _____

Date of the latest or last tetanus shot/booster _____

Doctor's Name _____Phone No ( )_____

**MEDICAL INSURANCE INFORMATION**

Company: _____

Policy No. _____ (Control No. if group policy) Other: _____