

THIS FORM MUST BE PRESENTED TO THE UNIT LEADER PRIOR TO THE BEGINNING OF THE ACTIVITY AND MUST BE MADE AVAILABLE TO THE EMERGENCY MEDICAL PERSONNEL AND/OR HOSPITAL.

**Activity:** \_\_\_\_\_ **Destination:** \_\_\_\_\_

**Start Time/Date/Location:** \_\_\_\_\_

**Transportation:** \_\_\_\_\_

**End Time/Date/Location:** \_\_\_\_\_

**Leader(s) in charge of Activity:** \_\_\_\_\_

**Emergency Contact(s) during Activity:** \_\_\_\_\_

Please retain this portion for leader contact information during the event



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**Event:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant:** \_\_\_\_\_

**List any medication needed during this period (type/time/amount/etc.):** \_\_\_\_\_

The above named participant has permission to take part in the described activities, or the above name adult participant is taking part in the described activities. I am familiar with the mode of transportation, the leadership in charge, and other circumstances of the activity. In the case that pre-arranged transportation has been made, please specify below:

**Driver:** \_\_\_\_\_ **Year/Make/Model:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

I certify that the participant is in good health and can participate in the activities. I understand that all reasonable measures will be taken to safeguard the health and the safety of the participant and that the PARENTS, EMERGENCY CONTACT or ALTERNATE EMERGENCY CONTACT will be notified as soon as possible in case of an emergency.

If the PARENTS, EMERGENCY CONTACT or ALTERNATE EMERGENCY CONTACT person(s) specified on the general emergency form cannot be notified, I hereby give my permission to the Emergency Medical Personnel, Physician, Surgeon, and Hospital selected by the Unit Leader(s) to provide whatever emergency medical or surgical treatment is deemed necessary in the case of a medical and/or surgical emergency of the participant.

In the event of sickness or accident, I will not hold the Unit, Unit Leaders, the Charter Organization, or the BSA (local or national) responsible.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Parent/Legal Guardian)

Name/Phone Number(s) to call in case of an emergency: **Name:** \_\_\_\_\_

**Phone #1:** \_\_\_\_\_

**Phone #2:** \_\_\_\_\_