

## Troop 39 Emergency Medical Release Form

I (we) hereby authorize any of the Adult Leaders of Boy Scout Troop 39 to give consent for emergency treatment of my son \_\_\_\_\_ while participating in Scouting activities. (print)

In the event a surgical procedure is deemed necessary, an effort will be made to contact one of the undersigned. If an Adult Leader is not able to contact the undersigned within a reasonable period of time, after consideration of the condition of my son and with the concurrence of two physicians that it is necessary to perform the surgery, in order to protect my son's life or prevent harmful deterioration of his condition, then any of the Adult Leaders of Boy Scout Troop 39 are further authorized to consent to surgical procedures on behalf of my son.

Hospitalization Insurance \_\_\_\_\_ (name of company)

Name insured \_\_\_\_\_ Policy # \_\_\_\_\_

**Scouts are required to supply a copy of their insurance card for the Troop files.**

Scouting Activity Accident Insurance through Mutual of Omaha is also carried on all Scouts.

Allergies \_\_\_\_\_ Prescription Drugs \_\_\_\_\_

\_\_\_\_\_

Allergic to bites/stings \_\_\_\_\_ Other (describe) \_\_\_\_\_

Signature (Father) \_\_\_\_\_ (print) \_\_\_\_\_

Signature (Mother) \_\_\_\_\_ (print) \_\_\_\_\_

Date \_\_\_\_\_

Phone (home) \_\_\_\_\_

Phone (work) \_\_\_\_\_

Cell or Pager \_\_\_\_\_