

Troop 17

Permission and Liability Waiver Form

Must be returned to the Scout Master before Departure!

I grant permission for my son, _____, to participate in all Boy Scout Troop 17 activities during the camping trip scheduled for _____. I will not hold Troop 17, any of the leaders, or the vehicle drivers responsible for any accidents which occur in conjunction with this outing.

Medical Waiver Form / BSA Troop 17 – Latonia, KY

I authorize the adult-in-charge of Boy Scout Troop 17 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) full name: _____

Child's full name: _____ Birth Date: _____

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

Allergies and/or additional medical information: _____
