

**BOY SCOUTS OF AMERICA TROOP 45
COXSACKIE/ATHENS, NEW YORK**

Scouts Name: _____

Event/Location: Klondike Derby at Camp Tri-Mount

Date: Saturday January 20, 2018

Cost: \$8.00 if paid by Jan. 3

Forms due by: January 17, 2018

I, _____ (Parent/Legal Guardian), the undersigned, give my permission for my son to attend the above trip with Boy Scout Troop 45, and if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve Boy Scout Troop 45 and its leadership personnel of this event of all responsibility and consequences that may arise as a result of this treatment.

I will not hold Boy Scout Troop 45 or the leadership personnel responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling treatment. My child agrees to abide by all rules and regulations decided upon by Boy Scout Troop 45 and the leadership of this event. I understand that neither Boy Scout Troop 45 nor the leadership personnel of the event will be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

I grant Troop 45 permission to use images of me or my child made on any Scouting activity for Troop or Council web sites or promotional material. Yes_____ No_____

MEDICAL INFORMATION
(PLEASE PRINT ALL INFORMATION)

ALLERGIES: _____

REQUIRED MEDICATION:
(Please indicate dosage, frequency) _____

SPECIAL MEDICAL CONDITIONS: _____

An Emergency contact during this trip, other than a Parent/Legal Guardian:

Name: _____

Phone Number: _____

Relationship to Scout: _____

Parent/Legal Guardian Signature

I would also like to attend the trip _____.

My vehicle holds _____ persons (including my self)

Make, model and year of vehicle to be used _____