

Troop 103 Permission to Treat Form

Scout/Adult Name _____ DOB _____

In case of Emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if an adult). In the event a licensed physician or other licensed medical professional cannot be reached in a timely manner, I hereby request that necessary emergency first aid treatment or life saving measures be instituted without delay by adult or Scout leadership present.

In case of minor first aid situations or minor illnesses, I hereby give my permission for adult or Scout leadership present to administer first aid treatment they determine to be necessary and appropriate. In the case of minor illnesses, I give my permission, as noted below, for adult leaders to dispense certain over-the-counter medications to Scouts. Medications will not be given to Scouts against their will. Label instructions regarding dosage will be strictly followed. A written record of the Scout's name, date, time, medication and dosage will be kept and parents will be notified at the earliest appropriate opportunity.

OTC MEDICATION	APPROVAL TO DISPENSED FOR:	YES	NO
Advil / Tylenol	headache, cold, minor pain, mild fever		
Pepto-Bismol Tablets	upset stomach, indigestion, heartburn, nausea		
Immodium AD	acute diarrhea		

Personal Physician:

Phone Number:

Health Insurance Carrier:

Policy Number:

Known Allergies (foods, medicines, bee stings, etc.):

Date of Last Tetanus Shot: _____

Blood Type (if known): _____

NOTE: Information on specific medical conditions or medications that your son is taking must be included on the Trip Permission Slip distributed for each troop outing.

Signature of Parent or Guardian (or self if adult)

Relationship

Printed name

Date

Address:
