



BSA Troop 1131 Adult Release/Medical Information

Names:	
Address:	
Home Phone	
Work Phone	
Person To Contact	
Home Phone	
Work Phone	

Important medical information (medication, allergies, etc.):
Physical Limitations:
Allergies:
Medication:
Condition:
Name of Medication:
Dosage:
Date of Last Tetanus:
Insurance Comapany:
Policy Number:

Release	
	A. Swimming certification: I have the ability to pass the scout swim test which consists of swimming 100 yards with turns, but without stopping, 25 yards of which would be the backstroke, and then float on my back for one minute.
	B. I hereby give permission for the other adult leaders of official scout troop activities to authorize emergency medical treatment for myself.

Signature:	
Date	
Name	