



BSA Troop 1131 Parental Authorization Medical Information

1. Parental Authorization:

I give permission to my son, _____ to participate in the activities of Boy Scout Troop 1131. I understand that the troop will provide adult supervision during troop sponsored activities, and I will be notified in advance of each troop activity.

I hereby give the adult leaders of official troop activities permission to authorize emergency medical treatment for my son until I can be contacted.

Date: _____ Signature of Parent or Guardian: _____

Emergency contact information (please print clearly):	
Names of Parents or Guardians:	1.
	2.
Address:	
Home Phone:	
Work Phone (1):	
Work Phone (2):	
Alternate Contact	
Alternate Contact Name:	
Relation to Scout:	
Home Phone:	
Work Phone:	

2. Medical Information

(Please keep this information current.)

Important medical information (medication, allergies, etc.):	
A. Physical Limitations:	
B. Allergies:	
C. Medication:	
D. Condition:	
Name of Medication:	
Dosage:	
E. Date of Last Tetanus:	
F. Insurance Company:	
G. Policy Number:	
H. Scout's SSN:	