

# Waiver of Responsibility

Boy Scouts of America

Troop 939

Sponsored by the First Presbyterian Church, Livermore, CA

In consideration of the benefits to be delivered and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well-being of my Scout son / ward, namely:

\_\_\_\_\_, on the activity below, I agree to his participation and waive all claims against the leaders of this trip, officer's agents, and representatives of the Boy Scouts of America, and sponsor.

In the event of an emergency, the troop unit leader of the activity named below has my / our permission to obtain medical treatment for this Scout named above, at the nearest hospital or doctor, at my expense, if our own doctor is not readily available and as restricted on the EMERGENCY DATA SHEET on file with Troop 939.

\_\_\_\_\_  
Signature of parent / guardian

\_\_\_\_\_  
date

ACTIVITY: \_\_\_\_\_

**EMERGENCY INFORMATION:** During the above activity, I can be contacted at the following phones. I will accept long distance calls.

Home: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

Other: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Mom's Work: \_\_\_\_\_

This Scout is allergic / sensitive to:

\_\_\_\_\_  
\_\_\_\_\_

This Scout is currently taking the following medication(s):

\_\_\_\_\_  
\_\_\_\_\_

These are the instructions for the medication(s):

\_\_\_\_\_  
\_\_\_\_\_

Medication shall be carried by: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Ins. Policy # \_\_\_\_\_ Ins. Group # \_\_\_\_\_ Ins. ID # \_\_\_\_\_

Medical /Record #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_