

Troop 518, Shadowbrook Baptist Church, Suwanee GA
Apalachee District, Northeast Georgia Council, Boy Scouts of America
(Herein called the Unit)

LIMITATION AND WAIVER OF LIABILITY

1. In consideration of (Scout) _____ being permitted to participate in the Unit activities of Troop 518, the undersigned for themselves, their heirs, executors, administrators and assigns remise, waiver, release and forever discharge the Unit, Shadowbrook Baptist Church, its staff and representatives, both professional and volunteer, Northeast Georgia Council, Boy Scouts of America, its leaders, committee members, officers and agents, and their heirs, executors, administrators and assigns, from any and all manner of action, suits, debts, accounts, damages, claims and demands whatsoever in law or in equity, which I now have or may acquire by reason of injury or death to said Scout named above, or loss or damage to personal property, arising directly or indirectly out of or connected with or incidental to participation in the Unit activities. The word "activities" shall include campouts, field trips, hikes, meetings, or any approved Scouting Programs of the Unit.

WAIVER FOR MEDICAL TREATMENT

2. The undersigned, parent(s) or legal guardian(s) of _____, a minor, do hereby grant permission to the leaders of the Unit to seek and authorize any physician or surgical consultant deemed necessary and any hospital to render and X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment as needed by the Scout above named. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physicians(s) to exercise his or her best judgment as to requirements of such diagnosis or treatment. The undersigned understands that all possible effort will be made to inform him or her in any case of emergency.

This consent shall remain in effect until revoked in writing and delivered to the Unit leader, or until the Scout's 18th birthday on ____ / ____ / 20____.

The following signatures are necessary to validate this waiver:

Scout: _____ Date: _____

Father: _____ Date: _____

Mother: _____ Date: _____

Witness: _____ Date: _____

Home Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Dad's Cell Phone: (_____) _____ Mom's Cell Phone: (_____) _____

Email Address: _____

Insurance Company: _____

Certificate No. _____ Group No. _____

The parent shall list ALL medical, dietary and health related restrictions on the opposite side of this form.

MEDICAL RESTRICTIONS DISCLOSURE

Scout (Print name): _____

A. My son has the following medical restrictions: _____

B. My son has the following allergies: _____

C. My son has the following dietary restrictions: _____

D. My son has the following medical or health restrictions not covered above: _____

E. I expect the Unit leadership to be able to administer the following special aid to my son in order to reverse the above listed condition: _____

Except as listed in disclosure paragraph E above, I understand it is my responsibility as the adult parent (or legal guardian) to insure that my son is thoroughly knowledgeable about his health restriction(s) and is fully trained in the administration of the drugs, medications, antidotes, preparations, procedures, processes, or whatever methodology or course of action it takes to place his aforementioned condition into remission, and restore normal body function. Furthermore, I hereby acknowledge it is my responsibility as the adult parent (or legal guardian) to not only supply my son with, but to also insure he has on his person at all Unit activities, the above listed drugs, medications, antidotes, and/or preparations in sufficient quantities for the duration of the entire activity, or in sufficient quantities to enable the Unit leadership to evacuate the boy to proper medical facilities, which I further acknowledge may take as long as twenty-four (24) hours in the case of some strenuous outdoor activities.

Signed:

Father (or Guardian): _____ Date: _____

Mother (or Guardian): _____ Date: _____

Witness: _____ Date: _____

This form is to accompany the Scout Health and Medical Record and be in the possession of the adult leader at all activities.