

Scout Participation Permission Form

Please Print Legibly

ONE FORM PER SCOUT ATTENDING CAMP

Scout's Name: _____ Council: _____ Unit #: _____
Age: _____ Birth Date: _____ Dates Attending Camp: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian's Name: _____
Phone (Home): _____ Phone (Mobile): _____
Email: _____

Pick-up Permission

The following persons are allowed to pick-up my Scout from camp (no one else will be allowed):

Name: _____ Relation: _____ Phone (Mobile): _____
Name: _____ Relation: _____ Phone (Mobile): _____
Name: _____ Relation: _____ Phone (Mobile): _____
Parent/Guardian Signature: _____ Date: _____

Photograph/Recording Release

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs, film, videotapes, electronic representations and/or sound recordings made of me or my Scout this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

Non-Prescription Release

Administration of Non-prescription medications is approved for the above youth by:

Parent/guardian signature: _____

Our Camp Health Office has the following Non-prescription medications: Ibuprofen (Motrin), Acetaminophen (Tylenol), Benadryl, Claritin, Tum's, Pepto-Bismol, Cough drops.