

Troop 451 Supplemental Medical Release Form—2022

(To be used in conjunction with Annual BSA Health and Medical Record, Parts A & B.

Part C required for outings longer than 72 hours)

As parent or legal guardian of the following scout:

Name	Date of Birth
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I hereby release Boy Scout Troop 451 and those involved in organizing and implementing troop and patrol activities from any responsibility and/or liability in the case of an accident or injury incurred at activities or during transportation to and from activities, other than cases involving active negligence. I understand Boy Scout outings involve activities that have a higher risk of potential injury.

I hereby authorize any of the Boy Scout Troop 451 adult leaders, who are 21 years of age and older, to consent to any medical or surgical treatment of the above named child which such person deems advisable IN CASE OF EMERGENCY.

Full Name(s), of Parent(s)/Guardian(s)			
Home address of parent-or guardian			
Home	Work	Cell	Pager
Emergency contact person if parent/guardian can't be reached:		Phone	
Doctor		Phone	
Dentist/Orthodontist		Phone	
Health Insurance		Group	
Name of policyholder		Policy	

Non-Prescription Medications

While participating in a scouting activity, children may experience headaches, sunburn, skin irritations, upset stomachs and similar common ailments. Initial the non-prescription medications we may have permission to give your child during scouting activities by an adult leader. The adult leader will follow package guidelines unless alternate guidelines are stated below.

- | | | |
|-------|-------|---|
| Yes | No | |
| _____ | _____ | Acetaminophen (generic for Tylenol) |
| _____ | _____ | Ibuprofen (generic for Advil or Motrin) |
| _____ | _____ | Diphenhydramine (generic for Benadryl) |
| _____ | _____ | Caladryl lotion |

Parent/Guardian Signature

Date