

Scouting America Troop 897

Permission Slip and Medical Release

September 2025 – September 2026

Scout Information

Scout Name: _____

Date of Birth: ___ / ___ / ____

Full Address: _____

Phone Number: _____

Parent/Guardian Information

Parent/Guardian 1

Name: _____

Phone (Home/Cell): _____

Email: _____

Parent/Guardian 2

Name: _____

Phone (Home/Cell): _____

Email: _____

Emergency Contact (other than parent/guardian)

Name: _____

Relationship to Scout: _____

Phone: _____

Medical Information

Doctor Name/Practice: _____

Doctor/Practice Phone: _____

Health Insurance Provider: _____

Policy Number: _____

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Allergies (food, medication, environmental):

Serious Illness/Medical Conditions:

Other Concerns/Important Information:

Permission Statement

The following medications or generic versions are carried in the Troop First Aid Kit. Please signify your approval to administer these medications to your son based on need and our judgment by initialing the boxes below:

Advil/Motrin/Ibuprofen	
Tylenol/Acetaminophen	
Benadryl	
Neosporin Topical Cream	
Bonine(motion sickness)	

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The above-listed Scout has my permission to attend trips with Troop 897 during the period noted above. In granting permission, I/we waive all claims against Scouting America Troop 897, Midlothian, VA, its leaders or Scouts (Scouting America) for any injury or illness my son may sustain during a Scouting outing. In the event my son suffers any illness or accidental injury requiring emergency hospitalization, medication, or surgery while participating in a Scouting outing or event and on recommendation of the attending physician; after consultation with the Adult Leader in charge of the outing; I hereby give my permission for any medical treatment which may be deemed necessary and reasonable for the circumstances to be given. I understand that the Adult Leader in charge will contact me at the earliest possible moment. I fully understand and comprehend that all reasonable care will be exercised by the Adult Leaders to protect the safety of all attending. I give my permission for my Scout to travel to and from Scouting activities under the supervision of the Adult Leaders and for the Adult Leaders to act on my behalf in an emergency as outlined above until I can be contacted.

PARENT SIGNATURE _____ DATE SIGNED _____

PRINTED NAME _____