

PARENT/GUARDIAN CONSENT TO PARTICIPATE

I hereby consent for my son, _____, to participate in the scheduled Boy Scouts of America Troop 8 events with all associated activities.

Along with this consent, I do hereby agree to forever release and hold harmless the Scoutmaster and Assistant Scoutmasters of Troop 8 along with First Baptist Church of and from any liability for any illness or injury to my son that may result from participation in Troop 8 events and all associated activities.

This consent remains effective until and unless specifically withdrawn in writing by the parent/guardian who signed it.

Parent/Guardian’s Signature: _____ Date: _____

RELEASE TO SEEK MEDICAL CARE

In the event of the need for emergency medical care, possible surgery, and/or hospitalization, every effort will be made by the Troop 8 Scoutmaster, Assistant Scoutmasters, and/or First Baptist Church to locate the parents or guardian or otherwise designated person before medical care is rendered. However, in the event that medical procedures must be undertaken before parents or guardian or otherwise designated person can be reached, I hereby give consent to the Scoutmaster, Assistant Scoutmasters and/or First Baptist church to seek medical care for my son, _____. I do hereby agree to forever release and hold harmless the Scoutmaster and Assistant Scoutmasters of Troop 8 along with First Baptist Church of and from liability of any kind or nature which may result from medical care rendered in the absence of consent from the parents, guardian, or otherwise designated person.

Parent/Guardian’s Signature: _____ Date: _____

RELEASE TO ADMINISTER MEDICATION

No Troop 8 Scoutmaster, Assistant Scoutmasters, and/or First Baptist Church will administer any medication to your son, including over-the-counter medications, without specific written consent from the parents or guardian. Please place your initials beside those non-prescription medications listed below for which you give consent to administer, based upon the judgment of the adult leaders:

- Acetaminophen (i.e. Tylenol), ibuprofen (i.e. Motrin), or other pain medication (please specify if preference), if needed _____
- Cough syrup or cough drops, if needed _____
- Diphenhydramine (i.e. Benadryl), if needed _____
- Loperamide (i.e. Imodium), if needed _____
- Bismuth Subsalicylate (i.e. Pepto-Bismol), if needed _____

Prescription medications will not be administered to your son without specific written request and specific dosing directions signed and dated by the parents or guardian at the outset of each event in which your son participates. Written request and dosage instructions must be in ink and presented on standard 8.5” X 11” paper.

Parent/Guardian’s Signature: _____ Date: _____