



## PERMISSION SLIP AND AUTHORIZATION TO TREAT

Name: \_\_\_\_\_

Youth (under age 18) - Please circle one: Registered Trailman      OR      Trail Life Troop 7777 Guest

Adult (18 and older) – Please circle one: Registered Trail Life Adult      OR      Trail Life Troop 7777 Guest

I, the undersigned, give my child (myself if adult), \_\_\_\_\_, permission to participate and attend Trail Life Troop 7777 meetings, activities and campouts, with the understanding that participating in Trail Life events is entirely voluntary and may pose risks of unforeseen hazards, accident, or injury. In the event of a medical or dental emergency, illness, or injury, every attempt will be made to contact the persons listed as emergency contact on the Trail Life Health and Medical Record.

My child (or I) has (have) a chronic medical condition of \_\_\_\_\_ that requires regular medication. I will ensure that my child (or I) has (have) all proper medication for the duration of Trail Life functions.

I grant my permission to Adult Leaders of the Troop to use his/her discretion to provide First Aid and emergency care in the event of an accident, pending arrival of a physician, or for removal from the area of activity by car or other emergency vehicle, and in the exercise of said care and/or discretionary action, we release the Adult Leaders of all liability, legal or otherwise for the emergency medical care. I grant my permission to the Adult Leaders of the Troop to provide for and administer life-saving techniques, equipment, or medications, in the event of an unforeseen life-threatening situation or imminent peril. I also hereby give my consent to the physician or dentist selected by the activity leader to provide and perform all necessary medical procedures (including, but not limited to hospitalization, x-ray examination, surgery, injections, test, or medications) in order to protect by child's life (myself if adult) or prevent harmful deterioration in condition. I also authorize medical providers to disclose to the Adult Leaders the results of any findings, tests, examination or other treatment, for the purpose of medical evaluation, communication with parents, or otherwise to enable the Adult Leaders to make the decisions hereby assigned to them. Any of the Adult Leaders of Trail Life Troop 7777 are further authorized to consent to medical procedures on my behalf.

I understand all reasonable safety precautions will be taken at all times by the Adult Leaders of Troop 7777. I agree not to hold Trail Life Troop 7777, Grace Covenant Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred through the participation in any Troop activity or Troop trip. I give my permission for my child (myself) to ride in the car with Adult Leaders and parents as needed to engage in Troop activities or Troop trips. I relieve all drivers of liability on the trip, and will not make any monetary or other claim against Troop 7777, or their drivers, for accidents or injuries that may occur while riding in an automobile. In consideration of the benefits to be derived from participation in Troop trips and activities, any and all claims against Trail Life USA, Troop 7777, and the chartered organization or against the officers, employees, agents, or other representatives of any of them, or any other persons working under their direction or engaged in the conduct of their affairs, arising out of any accident, illness, injury, damage, or other loss harm to/or incurred to his or her property, in connection with or incidental to the trip or activity, including preliminary training and travel, are hereby expressly waived by the applicant and the applicants family or guardians. I further understand that as a parent or guardian (or self), assume all responsibility for behavior and agree to abide by all Trail Life guidelines, rules and laws. I understand that failure to abide by these guidelines may result in dismissal from the activity at my own expense and any costs of damages incurred.

Printed Name of Parent/Guardian (myself if adult participant) \_\_\_\_\_

Signature of Parent/Guardian (myself if adult participant) \_\_\_\_\_

Date \_\_\_\_\_ Please Note: Trail Life Members and Leaders should provide a physician-signed document for trips greater than 72 hours. You may download that form on our website under the Troop Resources Tab: *High Adventure Medical Supplemental Form* \*\*Trail Life Immunization Exemption Forms are also available under the Troop Resources Tab: *Trail Life Immunization Exemption Form*

<p><b>This section for Internal use only:</b></p> <p>Membership Chair to complete this bottom section and to update regularly as necessary.</p> <p>This will serve as the cover sheet kept with the Trail Life Health and Medical Record that must be submitted to the Troop for any and all youth and adults to participate in Trail Life Troop 7777 activities.</p>	<p><b>ALLERGIES &amp; RESTRICTIONS:</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <td style="width: 15%; text-align: center;">YES</td> <td style="width: 15%; text-align: center;">NO</td> <td style="width: 70%;"><b>ALLERGIES</b> to, or adverse reactions to:</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Medication</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Food, plants, insect bites, or other</td> </tr> </table> <p><input type="checkbox"/> <b>Dietary/Food Alert on file</b></p> <p><input type="checkbox"/> <b>Medications on file</b></p> <p><input type="checkbox"/> <b>Immunization Exemption on file</b></p> <p><b>Participation:</b></p> <p><input type="checkbox"/> Without restrictions</p> <p><input type="checkbox"/> With Special considerations or restrictions.</p> <p><b>See Attached Trail Life Health &amp; Medical Record</b> for specifics of any item above.</p>	YES	NO	<b>ALLERGIES</b> to, or adverse reactions to:	<input type="checkbox"/>	<input type="checkbox"/>	Medication	<input type="checkbox"/>	<input type="checkbox"/>	Food, plants, insect bites, or other	<p>Miscellaneous Notes: (if needed)</p>
YES	NO	<b>ALLERGIES</b> to, or adverse reactions to:									
<input type="checkbox"/>	<input type="checkbox"/>	Medication									
<input type="checkbox"/>	<input type="checkbox"/>	Food, plants, insect bites, or other									