## Boy Scout Troop 79, Westfield NJ Release and Waiver And

## Authorization to Consent to Medical Treatment I hereby give my permission for my minor child

I hereby give my permission for i	my minor child	
following date(s) educational /recreational and I he benefit to my child from participa NJ and its adult leaders, from all a be suffered by my child as a result	trip to on the I understand that the sole function to the trip reby agree for myself and my child, in consideration of thation in this activity, to release Boy Scout troop 79 in We and any claims, actions or liabilities for personal injury that of participation in this trip. I also release troop 79 and its or damage to property which may result to my property on this trip.	stfield, at may
leaders from and against all losse others by reason of omission or a	emnify and save harmless Boy scout troop 79 and its adults and claims, demands, payments, suits, and judgements but of my child with respect to the activities of this trip.	
I authorize the adult leaders in ch ray, examination, antiseptic, medi rendered to my minor child under physician or surgeon licensed to p need for such treatment is IMME telephone number is Emergency Contact: Name		to be ny
Phone #		
Child's Doctor	Phone #	
Child's Allergies (if any)		
	aking	
Other Special Needs		