

Blue Mountain Ski Trip

Signup and Payment Due February 20th

Scout _____ ☐ Will Participate ☐ Will Not Participate
Parent is Participating in the Activity ☐ Yes ☐ No
Parent is available to provide transportation ☐ Yes ☐ No
If Driving, Number of Seat Belts (including driver) in Vehicle is ☐

BOY SCOUTS OF AMERICA **TROOP 84 SOMERVILLE, NJ** **WAIVER AND PERMISSION FORM**

MY SON _____ HAS PERMISSION TO PARTICIPATE
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Blue Mountain Ski Trip

WHICH WILL BE HELD AT Blue Mountain Ski Area, Palmerton, PA

MEDICAL CONDITIONS/RESTRICTIONS: _____

MEDICATIONS: _____

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) _____

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. _____ AT _____

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

Parent's name (Print)

Parent's Signature

Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:
Please check consented medications.

For headaches:

Acetaminophen (Tylenol) _____

For muscle aches:

Ibuprofen (Advil) _____

For hay fever, bee stings, poison ivy:

Antihistamine _____

For upset stomach:

Antacid (Tums) _____

Parent's Signature

Date