



## BSA Troop 125 Summer Camp Permission Form

As the parent/legal guardian of \_\_\_\_\_, I hereby give my permission for him to participate in **Summer Camp Activities** with Troop #125.

Date: **July 4<sup>th</sup> through July 10, 2010**

Location: **Resica Falls Scout Camp, East Stroudsburg Pennsylvania**

I give permission for the leaders of Troop 125 and the Staff of Resica Falls Scout Camp to provide First Aid to my son, should the need arise, and/or to administer any necessary medications that are prescribed by his physician, according to instructions on the prescription provided. In the event of an emergency, I also give permission to the adult leader in charge to seek medical treatment for him at the closest appropriate medical facility. I further agree to hold the above named unit and Resica Falls Scout Camp and its staff blameless for any accidents that may occur or injuries there-from during this outing, except for clear acts of negligence or non-adherence to BSA policies and guidelines.

### IN CASE OF EMERGENCY PLEASE CONTACT:

Parent \_\_\_\_\_ Home: \_\_\_\_\_

Cell \_\_\_\_\_ Work: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS:

Name \_\_\_\_\_ Phone Nos. \_\_\_\_\_

Name: \_\_\_\_\_ Phone Nos. \_\_\_\_\_

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Allergies: \_\_\_\_\_ Special diet needs: \_\_\_\_\_

Medications: \_\_\_\_\_

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Medical Insurance Co.: \_\_\_\_\_

Policy # or ID# \_\_\_\_\_

Doctor's name and telephone number: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent/guardian)

Payment will be made by:  Check  Cash  Scout Account