

Troop 23
Discovery United Methodist Church
Hoover, Alabama
Authorization and Consent for Minors

Scout's Name: _____

In consideration of the benefit to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to insure the safety and well being of my son/ward in activities conducted by the Boy Scouts of America and Troop 23, I hereby agree to his participation in such activities, and waive all claims against the volunteer leaders of Troop 23 and the officers, agents and representatives of the Boy Scouts of America.

I hereby authorize the volunteer leaders of Troop 23 or such representative of the Boy Scouts of America, as my agent, to consent to such medical or dental examinations and treatment as may be necessary as a result of illness or injury to _____, which might occur while he is participating in a scout activity. I further agree to assume responsibility for all expenses incurred as a result of such treatment and shall indemnify the volunteer leaders of Troop 23 for any expenses they might incur as a result of such illness or injury.

Date: _____

Parent or Guardian: _____

Address: _____

Phone: _____

Insurance Provider & Policy Number: _____

Allergies: _____

Normal Daily Medications: _____

Special Physical Considerations: _____