



Permission & Medical Release Form

Activity: _____ Date: _____
 Ward: _____ Stake: _____
 Participant: _____ Date of Birth: _____ Home Telephone No. _____
 Participant's Parent or Guardian: _____ Business Telephone No. _____
 Address: _____
 City: _____ State/Zip: _____

Medical Information:

Allergies: Food, medicine, insects, plants Yes No Explain: _____
General Information, please check all that apply:
 Asthma _____ Convulsions/seizures _____ Heart trouble _____ High blood pressure _____ Other: _____
 Cancer/leukemia _____ Diabetes _____ Hemophilia _____ Kidney disease _____
 List any medications to be taken on this activity: _____
 List any physical or behavioral conditions that may affect or limit full participation in swimming, hiking long distances, or playing strenuous physical games: _____
 List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____
 Personal health/accident insurance carrier _____ Policy No. _____

This health history is correct so far as I know and I give permission for my youth to participate in the activity listed above, except as noted by me, and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. I request that measures be instituted without delay as the judgment of medical personnel dictates. This authorization shall cover this activity and travel to and from this activity. I also will hold harmless all participants, and parties related to this activity, including other youth, adult leaders, Chartering Organization, BSA, and volunteers. I also acknowledge that by signing, I am aware of the activity and its risk potential, inherent or otherwise, and indemnify all parties of liability.

Signature of parent or guardian

X _____ Date: _____

-----Please Detach & Return Above Portion to Trip Coordinator-----

Trip: _____ Trip Coordinator: _____

Location: _____ Registration/Forms/Fees: _____

We will be leaving from the _____ on _____ at _____

We will return to the _____ on _____ around _____

All backpacks are to be ready and delivered to _____ BEFORE _____ at _____

Personal Gear Checklist for Scout Campouts:

- | | | | | |
|----------------------------|--------------|--------------------------|---------------------------------|------------------------------|
| Pocketknife ^{1,4} | Fire Starter | Flashlight | Waterproof matches ² | Canteen/waterbottle |
| Compass/map | Whistle | Sunscreen | Insect Repellent | Food/snacks |
| Rain gear | Clothing | Sleeping Bag | Foam or air pad | Plastic tarp/tent |
| Backpack | Stove & Fuel | Sunglasses ³ | Emergency blanket | Shovel/saw/ax ⁴ |
| Hiking boots | Rope | Jacket/coat | Notebook & Pencil | Scout handbook |
| Trash bag | Extra socks | Camera/film ³ | Scout uniform | Scout fieldbook ³ |
- First aid kit: small plastic bandages, gauze pads (3" & 4" square), adhesive tape (1" roll), aspirin, needle, moleskin, single-edge razor, gauze bandage (2" roll), butterfly bandages, triangular bandages, Large compress bandage, water purifier, antacid, elastic bandage (3"), first aid cream, antihistamine, snakebite kit, first aid manual, Antidiarrhetic pills, laxatives, compact scissors, latex gloves, change for making phone calls, liquid antibacterial soap, tweezers,
- Repair Kit ³: cloth tape, ripstop tape, thread, needles, safety pins, nylon cord, pliers
- Toilet Kit: toothbrush & toothpaste, soap, comb, handkerchief, small cloth towel, polished steel mirror, toilet paper, wet wipes, dental floss
- Eating Kit: plate, bowl, cup, spoon, fork, knife
- Extra Gear as Listed:

¹ no fixed blades or blades over 4"

² Scout must be passed off on Firem'n Chit

³ optional equipment

⁴ Scout must be passed off on Totin' Chit