



# Troop 188 Ankeny, IA

Scoutmaster - Dan Koenigsfeld

Committee Chair - Randy Murphy

## TROOP 188 PARENTAL CONSENT FORM

I hereby give my consent for Scout \_\_\_\_\_ to take part in Boy Scout Troop 188 campouts and outings which will consist of automobile travel. This consent form is in effect during any Boy Scout functions that Troop 188 takes part in from January 1, 2011 to December 31, 2011.

In the case of an emergency, I understand that every effort will be made to contact me, or the persons listed below on this form. In the event that I cannot be reached, I hereby give consent to the adult leaders listed below to seek medical care for my son. I hereby give consent to the physician selected to give necessary emergency medical care or treatment, which may include surgery, hospitalization, anesthesia, or injections of medications. I also guarantee the payment of said care or treatments.

I give my consent to the adult leaders listed below to make all decisions deemed necessary by them concerning the health and welfare of my son during outings. These leaders have all gone through the training as deemed necessary by the Boy Scouts of America. I will assume all liabilities occurring as a result of any treatments which are made on my son's behalf.

LEADERS RECEIVING CONSENT: Dan Koenigsfeld - Scoutmaster, Dennis Powers - Asst. Scoutmaster, Scott Russell - Asst. Scoutmaster, Randy Szymanski - Asst. Scoutmaster, Kevin Powers – Advancement Chair, Steve Bruder Committee Member, Dave Austin-Committee Member, Randy Murphy – Troop Committee Chair

My Insurance Company is: \_\_\_\_\_

My Policy Number is: \_\_\_\_\_

My home and business phone # \_\_\_\_\_

Please list any activity the Scout should not take part in \_\_\_\_\_

Any allergies to medications, food, plants, or insect bites. \_\_\_\_\_

Person to contact \_\_\_\_\_ or \_\_\_\_\_

Phone Number \_\_\_\_\_ or \_\_\_\_\_

Relationship to Scout \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ DATE \_\_\_\_\_