



2017 - Camp Airy, BSA Permission Slip

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Unit: _____

Informed Consent, Release Agreement, and Authorization

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/ Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program by Camp Airy, BSA held August 14th through 19th (Camper) or 20th (Jr Staff), 2017, including but not limited to swimming, watercraft, shooting sports, climbing, and archery. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

With appreciation of the dangers and risks associated with participating programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity arising out of my child's or my participation.

Parent/ Guardian Authorization of Use of Likeness or Image:

I **do /don't (circle one)** hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

Parent/ Guardian Consent for Camp Medication Administration:

I request authorized youth camp operator/staff to administer the below listed over the counter (OTC) medications for the below reasons. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. **Any medications I do not consent to having my child given I have struck through.**

<u>Medication Type</u>	<u>Use</u>	<u>Medication Type</u>	<u>Use</u>
Oral Benadryl	Relief of allergy symptoms	Antacid	Upset Stomach
Topical Benadryl	Itching	Tussin DM	Cough
Sudafed	Congestion and Runny Nose	Aloe Vera with Lidocaine	Minor burns and wounds
Ibuprofen	Pain	Sunscreen	Skin Protection
Acetaminophen	Pain	Lip Balm	Chapped Lips
Calamine Lotion	Itching	Topical Hydrocortisone	Itching
Solarcaine	Sunburn	Sting-Eez	Itching
Triple Antibiotic Ointment	Wound Care	Tinactin	Anti-fungal
Cepacol	Sore Throat		



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Permission to leave camp:

As the legal guardian of the above-named Camp Airy, BSA camper, I grant permission for my child to leave the property of Camp Airy, BSA with the individuals named below at the designated dates and times. I assume full responsibility for the safety and well-being of my child when he is off camp property, and I release the National Capital Area Council; Camp Airy, BSA; Boy Scouts of America; their employees, volunteers, managers, and affiliates of any and all responsibility for the safety and well-being of my child. I certify that I have legal custody of the above-named camper.

Person child to be released to: _____ Cell Phone: _____ Relationship: _____
Reason for leaving camp: _____
Departing Camp: Date: _____ Time: _____ Returning to Camp: Date: _____ Time: _____

Person child to be released to: _____ Cell Phone: _____ Relationship: _____
Reason for leaving camp: _____
Departing Camp: Date: _____ Time: _____ Returning to Camp: Date: _____ Time: _____

Person child to be released to: _____ Cell Phone: _____ Relationship: _____
Reason for leaving camp: _____
Departing Camp: Date: _____ Time: _____ Returning to Camp: Date: _____ Time: _____

Person child to be released to: _____ Cell Phone: _____ Relationship: _____
Reason for leaving camp: _____
Departing Camp: Date: _____ Time: _____ Returning to Camp: Date: _____ Time: _____

Camp Transportation and Field Trip Consent:

I request authorized adult camp staff to transport my child to and from field trips and events associated for the courses I have registered them for. I certify that I have legal authority to consent to transport of the child named above, including the use of camp rented vehicles as well as staff's personal vehicles.

Parent/Guardian Contact Information:

Parent/Guardian Name: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____ Work Phone Number: _____

Parent/Guardian Name: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____ Work Phone Number: _____

Emergency Contact Information:

Primary Emergency Contact Name: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____ Work Phone Number: _____

Secondary Emergency Contact Name: _____ Relationship: _____
Cell Phone: _____ Home Phone: _____ Work Phone Number: _____

Parent Name Printed: _____

Parent Signature: _____ Date : _____