



**BSA Troop 146, Chantilly, Virginia**  
**Participation and Medical Consent, Release from Liability and**  
**GENERAL SCOUTING ACTIVITY PERMISSION FORM**

*Note: Current BSA Medical forms must be on file for all participating scouts and adults. Permission forms, additional required medical forms and all applicable fees are due a minimum of one week before Scouting activities. They should be submitted to the Patrol Leader or Senior Patrol Leader as requested.*

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By signing below, I affirm that I have read and completed this entire form being authorized to do so, I hereby consent and/or give permission for the above-named participant to attend the **TROOP 146 EVENT** in **LOCATION** on **DATES** and related events, including travel to and from the event (referred to herein as “this Scouting activity”) with BSA Troop 146, Chantilly Virginia.

(Circle one) I will / will not be able to provide a driver and vehicle to help with transportation needs.

**ALL DRIVERS MUST BE OVER 21, WITH A VALID DRIVER’S LICENSES AND INSURANCE.**

**ALL VEHICLES MUST HAVE CURRENT SAFETY INSPECTIONS STICKERS, TAGS AND REGISTRATIONS.**

<b>Driver 1</b>	<b>Name of Driver:</b>	
	<b>Driver’s License#:</b>	
<b>VEHICLE</b>	<b>Make, Model &amp; Year:</b>	
	<b>Vehicle tag # and state:</b>	
	<b>Capacity:</b>	<b>Driver + _____ Passengers</b>
	<b>Number of seatbelts:</b>	

(Circle one) This driver and vehicle are / are not currently insured to the BSA standards listed below:

*The Boy Scouts of America (BSA) recommends automobile liability insurance coverage limits of at least \$50,000/\$100,000/\$50,000 for standard passenger vehicles. However, all vehicles are required to be covered with limits that meet or exceed requirements of the state in which the vehicles are licensed. Virginia requirements are \$25,000K/\$50,000/\$25,000 for standard passenger vehicles. For vehicles with seating capacity for 10 or more persons, limits of \$100,000/\$500,000/\$100,000 are required. You do not need to list the amounts if your coverage exceeds the minimum required coverage.*

Unless otherwise noted below under **EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS**, I certify that the participant has no medical or other conditions, diseases, allergies, injuries, or illnesses, or other limitations, that would preclude or limit full participation in this Scouting activity or put other participants at risk. Furthermore, I have also listed below under **EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS** all necessary medical history, information and/or instructions for medications or special care for any existing conditions of the participant.

I understand that participation in this Scouting activity and all Scouting activities is voluntary. I also understand that there are certain risks involved in participation in this Scouting activity and all Scouting activities, including, but not limited to, property damage or loss, illness, injury, and death. I also understand that this Scouting activity, including travel, may occur at places distant from medical care or rescue services. I have carefully considered the risk involved and the knowledge, training, ability, and experience of the leaders and organizers of this Scouting activity, and hereby give my consent for participation in this Scouting activity. I hereby release Troop 146, its sponsoring organization(s), and the Boy Scouts of America and their members, leaders, officers, employees, agents, and representatives from liability and waive all claims against them arising from this Scouting activity. Except as noted under **EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS**, I hereby authorize the leaders of this Scouting activity or their designees to administer first

aid for any illness, injury, or condition which may arise, including administering over the counter medications (including but not limited to; anti-bacterial ointments, anti-inflammatories, analgesics, fever reducers, anti-itch or topical creams, antidiarrheics, antihistamines, cough/cold remedies, etc.).

Except as noted under **EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS**, I hereby authorize the leaders of this Scouting activity or their designees to administer any medications and/or special care for existing conditions listed below under **EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS**.

In the event of illness, injury, or other condition suggesting or requiring medical care and I am not present or cannot be reached immediately, I hereby request and authorize licensed/certified medical practitioners to act without delay to examine and treat the Participant; including radiological examinations and other diagnostic procedures, anesthesia, medical, or surgical procedures or treatments that are considered medically necessary and prudent. I have noted below under **EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS** any information that medical practitioners should be made aware of. In the event any such health care services are rendered to the participant, I will be fully responsible for payment of all related costs. I understand health insurance information for the participant is required and I have listed it below. I hereby authorize treating medical practitioners to furnish information concerning participant's condition and treatment to government agencies or health care providers for official or medically necessary purposes. If I am not present or cannot be reached immediately, I hereby specifically authorize treating medical practitioners to furnish information concerning participant's condition and treatment to the senior Scout leader present or his or her designee.

Health Insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Group # \_\_\_\_\_

**EXISTING MEDICAL CONDITIONS AND SPECIAL INSTRUCTIONS:**

(If needed, attach additional pages and note the number of added pages here: \_\_\_\_\_)

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**EMERGENCY CONTACTS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(A parent's or legal guardian's signature is required for participants under the age of 18)