

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE
PERMISSION TO TAKE MY SON OUT OF THE COUNTRY**

BOY SCOUT TROOP 236

Christ United Methodist Church, Kettering , Ohio

I (We) wish to have my (our) son, _____, participate in the field trips, campouts, and other functions of Boy Scout Troop 236.

I (We) expect the leaders of such activities to take all reasonable precaution. I (we) further understand that the leaders or other members of Boy Scout Troop 236 and the Boy Scouts of America are not held responsible in case of accident, and I (we) waive all claim of any damage or injury resulting from participating in these activities.

I (we) authorize the leaders of Boy Scout Troop 236 to take my (our) son out of the country when the activity so designates.

In the event of an accident, illness or injury which requires immediate medical, surgical, and/or dental treatment, and in the event I (we) cannot be reached to make arrangements for emergency care or treatment, I (we) hereby give our permission to have my (our) son treated at a hospital, clinic, or office by a licensed physician, surgeon, or dentist as deemed necessary by the Troop leaders and the medical professional.

Parent(s) or Legal Guardian(s)

Date

Parent(s) or Legal Guardian(s)

Date