Allergies: Other:

Troop 123 Permission Form

As the parent of legal guardian of Carleton Neuben, I hereby give my permission for this child to participate in an outing with Troop 123.

Activity:	August Camp	pout	Location:	Camp Shenandoah
Departure:	08/12/2016	06:00 PM		Church parking lot
Return:	08/12/2016	02:00 PM		Church parking lot

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's ability to continue in the program activities.

In case of emergency, I can be reached by phone at _	or	_·
If I cannot be reached, please contact	at	

Signed: _____ Date: __/__/___

Emergency Contact:	Nancy Neuben	Phone:	(804)224-1717	Health form on file: Health Form A: Health Form B:	Yes 10/18/15 11/15/14
Doctor: Insurance: Policy: Medications:	Dr Fisher First Class Care 789FQU432	Group:	(804)777-1117	Health Form C: Health Form D: Tetanus:	02/21/16 // //

Other:

Troop 123 Permission Form

As the parent of legal guardian of Frederic L Tucker, I hereby give my permission for this child to participate in an outing with Troop 123.

Activity:	August Camp	pout	Location:	Camp Shenandoah
Departure:	08/12/2016	06:00 PM		Church parking lot
Return:	08/12/2016	02:00 PM		Church parking lot

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

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In case of emergency, I can be reached by phone at _	or	_·
If I cannot be reached, please contact	at	

Signed: _____ Date: __/__/___

Emergency Contact:	Tanya Tucker	Phone:	(804)580-7123	Health form on file: Health Form A: Health Form B:	Yes 11/15/15 02/15/15
Doctor: Insurance: Policy: Medications: Allergies:	Dr Timeto Laffalot Charter Health 432897432	Group:	(804)748-7744	Health Form C: Health Form D: Tetanus:	11/15/15 // //

Other:

Troop 123 Permission Form

As the parent of legal guardian of James Osborne, I hereby give my permission for this child to participate in an outing with Troop 123.

Activity:	August Camp	pout	Location:	Camp Shenandoah
Departure:	08/12/2016	06:00 PM		Church parking lot
Return:	08/12/2016	02:00 PM		Church parking lot

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's ability to continue in the program activities.

In case of emergency, I can be reached	d by phone at	_ or
If I cannot be reached, please contact		at

Signed: _____ Date: __/__/___

Emergency Contact:	Janice Jenkins	Phone:	(804)665-1232	Health form on file: Health Form A: Health Form B:	Yes 11/01/15 12/18/15
Doctor: Insurance:	Dr William Fox Quik Med of Richmond		(804)839-8747	Health Form C: Health Form D:	//
Policy: Medications: Allergies:	789432789432	Group:		Tetanus:	

Troop 123 Permission Form

As the parent of legal guardian of James Savage, I hereby give my permission for this child to participate in an outing with Troop 123.

Activity:	August Camp	pout	Location:	Camp Shenandoah
Departure:	08/12/2016	06:00 PM		Church parking lot
Return:	08/12/2016	02:00 PM		Church parking lot

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's ability to continue in the program activities.

In case of emergency, I can be reache	d by phone at	_ or
If I cannot be reached, please contact		at

Signed: _____ Date: __/__/___

Emergency Contact:	Shirley Savage	Phone:	(804)511-5555	Health form on file: Health Form A: Health Form B:	Yes 11/27/15 / /
Doctor: Insurance:	Dr Miller Blue Star Medical		(804)443-1115	Health Form C: Health Form D:	10/01/14 //
Policy: Medications:	78943243243	Group:		Tetanus:	//
Allergies: Other:	Chocolate, dogs				

Troop 123 Permission Form

As the parent of legal guardian of Joseph Scouter, I hereby give my permission for this child to participate in an outing with Troop 123.

Activity:	August Camp	Campout Locatio		Camp Shenandoah	
Departure:	08/12/2016	06:00 PM		Church parking lot	
Return:	08/12/2016	02:00 PM		Church parking lot	

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's ability to continue in the program activities.

In case of emergency, I can be reached	by phone at	_ or
If I cannot be reached, please contact _	6	at

Signed: _____ Date: __/__/___

Medical Info

Emergency Contact:	Rose Dahl	Phone:	(804)225-8855	Health form on file: Health Form A: Health Form B:	Yes 11/28/15 10/11/14
Doctor: Insurance: Policy: Medications: Allergies: Other:	Dr Hunter Andrews Blue Star Medical 132143243	Group:	(804)224-1525	Health Form C: Health Form D: Tetanus:	11/28/15 //
Hearing Impaired:	Wears Hearing Aid in Le	eft ear. Carrie	s extra batteries in ba	ackpack. Must take it out be	fore getting in

Wears Hearing Aid in Left ear. Carries extra batteries in backpack. Must take it out before getting in water. Can read some lips and speaks fluent sign language.

Other:

Troop 123 Permission Form

As the parent of legal guardian of Samuel Edwards, I hereby give my permission for this child to participate in an outing with Troop 123.

Activity:	August Camp	ugust Campout		Camp Shenandoah
Departure:	08/12/2016	06:00 PM		Church parking lot
Return:	08/12/2016	02:00 PM		Church parking lot

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in these activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I 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 claims or liability arising out of this participation.

I approve the sharing of the information on this form with BSA volunteers and professionals who need to know of medical situations that might require special consideration for the safe conducting of Scouting activities.

In case of an emergency involving me or my child, I understand that every effort will be made to contact the individual listed as the emergency contact person. 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 to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's ability to continue in the program activities.

In case of emergency, I can be reached	d by phone at	_ or
If I cannot be reached, please contact		at

Signed: _____ Date: __/__/___

Emergency Contact:	Edna Edwards	Phone:	(804)763-5348	Health form on file: Health Form A: Health Form B:	No 10/18/15 11/28/15
Doctor: Insurance: Policy: Medications: Allergies:	Dr Salisbury Trigon 4378932KJL Bee stings	Group:	(804)358-6987	Health Form C: Health Form D: Tetanus:	// // //