

Troop 348 Emergency Contact Information Sheet

Scout Name _____

Parent Name _____

Phone # _____

Phone # _____

The Scouts medical bills will be covered by: _____
(medical plan name and ID number and/or responsible party)

Emergency contact numbers

Primary phone # _____

Alternate phone # _____

Alternate phone# _____

Primary Doctors name _____

Doctors Phone # _____

Please list any food or drug allergies that the adult leader should be aware of:

Please list any physical restrictions that the adult leader should be aware of:

****Parental Consent****

I hereby appoint the adult leaders on any Boy Scout sanctioned outing (the bearer of this document) as my attorney in fact to obtain and consent to emergency medical care and treatment for the Scout identified above as they deem necessary during the course of the outing. In doing so, the adult leader is authorized to execute any consent and release or waiver of liability that may be required by emergency responders, and/or the treating physician and/or medical facility and to sign any document on my behalf as my be reasonably necessary to obtain emergency medical care and treatment.

Signed: _____
(Legal Parent or Guardian)

Date: _____