

POLISH SCOUTING ORGANIZATION

HEALTH STATEMENT / MEDICAL RELEASE / TRIP REGISTRATION & PERMISSION

Name of Child: _____ Date of Birth: _____

Address: _____

Home Telephone: _____ Email Address: _____

Emergency Contact: _____ Telephone No.: _____

FAMILY MEDICAL INSURANCE/VITAL INFORMATION

Insurance Carrier: _____ Policy or Group #: _____

For the benefit of your child, and to help Scouting Staff, please answer the following questions and return this form to the Scout Leader.

1. Has the child any allergies? If so, please specify: _____

2. Has the child any medical problems that the leader should know about? If so, please specify: _____

3. Is the child currently taking any medication? If so, please specify: _____

PARENTAL RELEASE/PERMISSION

I hereby state that to the best of my knowledge the above statements are true, the named child is in good health, and is free of any contagious diseases. Furthermore, I also give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and injection and/or surgery for my child as named herein.

I hereby give permission to my child, named on this form, to take part in an overnight program. I waive any claim, demand or cause of action, legal or equitable, against "The Polish Scouting Organization," its Officers and Staff, for any injuries to my child that might be sustained by him or her during the duration of the program.

Signature of Parent or Guardian

Date