POLISH SCOUTING ORGANIZATION

HEALTH STATEMENT / MEDICAL RELEASE / SPLYW REGISTRATION

Name of Child: _____

Address: _____

Home Phone: _____ Work Phone _____

Emergency Contact: _____ Phone: _____

FAMILY MEDICAL INSURANCE INFORMATION

Insurance Carrier _____ Policy or Group #: _____

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

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

2. Does the child have any medical problems that the leader should know about? If so, Please

specify: _____

3. Is the child 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 and correct, the named child is in good health, and is free of any contagious diseases. Furthermore, I agree that in case of an accident or sickness, the child can be treated by a doctor associated with or selected by the Polish Scouting Organization.

I hereby give permission for my child to take part in the overnight camping program known as "SPLYW". I waive any claim, demand or cause of action, legal or equitable against "SPLYW", its Officers and Staff, for any injuries to my child that might be sustained by him or her during the duration of "SPLYW"

_____ _____

Signature of Parent or Guardian Date