

Computer Lock-in January 13 & 14, 2012
BOY SCOUTS OF AMERICA
PARENTAL PERMISSION FORM

Participant's Name: _____

Adult Leader's Name: **Bruce Hotte** Leader's Position: **Scoutmaster**, Troop 96,

Adult Leader's Name: **Norman Smyke** Leader's Position: **Scoutmaster**, Troop 295,

As parent or legal guardian of the above named participant, I certify that said person has my permission to attend and participate in the Boy Scouts of America Troop 96/295 Computer Lock-in on January 13th and 14th 2012. The Lock-in is being held at Covenant Presbyterian Church 2070 Ridgecliff Road, Upper Arlington Ohio 43221

In the event of emergency or accident, Troop 96/295 will notify the emergency contact listed on the "Health and Medical Record" form as deemed necessary by Adult Leaders.

Signed: _____ Date: _____

Name: _____ Contact Phone: _____

Signed: _____ Date: _____

Name: _____ Contact Phone: _____

(Please Print Legibly)

All Scouts and Guest will need to be signed in upon arriving and signed out when leaving.

Bring your own computer equipment and/or game system.

- Label your system and software so it does not get lost.
- Cost info: Eat dinner before you come on Friday night Breakfast, Lunch and dinner on Saturday will be provided.
- Equipment needed- Sleeping Bag and Pad. Your own Drink Bottle (Nalgene) Bring your computer equipment, Musical instrument, Board Game to play.

Schedule of activities:

Set up starts at 4:00 PM Friday Game Playing starts at 6:00 Play continues to 2:00 AM. Sleep from 2:00 to 8:00 AM Game playing thereafter until 9:00 PM. All participants need to stay until clean-up is finished (usually around 10)

PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1

Class 1 (update annually for all participants) . Activity : Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants) Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____

State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin) . In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult. _____

ALLERGIES : Food, medicines, insects, plants Yes/No Explain : _____

Please list ALL medications taken in the 30 days **p r i o r** to arrival at the Scouting activity where this form is to be used:

List any physical or behavioral conditions that may affect or limit full participation in swimming, back packing, hiking long distances, or playing strenuous physical games:

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc: _____

Tetanustoxoid ___ M e a s l e s ___ P o l i o ___ D i p h t h e r i a ___ M u m p s ___ P e r t u s s i s ___ R u b e l l a ___