



BOY SCOUTS OF AMERICA  
**TROOP/CREW 179**  
FARMINGTON HILLS, MICHIGAN



## Activity Permission Form

### Hold Harmless Agreement

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 the activities. I understand that participation in these activities are 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 activities from any and all claims or liability arising out of this participation.

### Permission to Obtain Treatment:

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for 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 parents or guardian, and/or determination of the participant's ability to continue in the program activities.

### Permission for the Administration of Over-The-Counter Medications

I hereby give permission for the leaders of BSA troop and crew 179 to administer over-the-counter medication as indicated below.

Note: All medications will be administered according to directions on the label unless a physician directs otherwise. (please **check** all that you are **approving**):

- ☐ **TYLENOL or IBUPROFIN** (or generic preparation) for complaints of pain (*headaches, earaches, menstrual cramps, joint or muscle pain*)
- ☐ **PEPTO BISMOL, TUMS, MYLANTA** (or generic preparations) for complaints of upset stomach
- ☐ **BENEDRYL TABLETS/LIQUID** (anti-histamine) for minor allergic reactions (*nasal congestion, watery eyes, bug bite swelling, hives with no other allergic symptoms*)
- ☐ **TRIPLE ANTIBIOTIC OINTMENT** (generic) for treatment of minor cuts or scrapes (abrasions)
- ☐ **CALAMINE LOTION, TECHNU** (or similar preparation) for itchy rashes caused by poison ivy/poison oak
- ☐ **CORTIZON 10 or BENEDRYL CREAM** (or generic) for severe itching
- ☐ **Feminine Hygiene Products** (if requested/needed)

This Permission form is for: \_\_\_\_\_  
Name of Scout or Venturer

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

***This document will remain in effect as long as the above-named Scout is actively registered in the Boy Scouts of America and Troop or Crew 179 unless rescinded in writing and presented to the Scoutmaster.***

