

**Activity Information**

*(parents keep this part)*

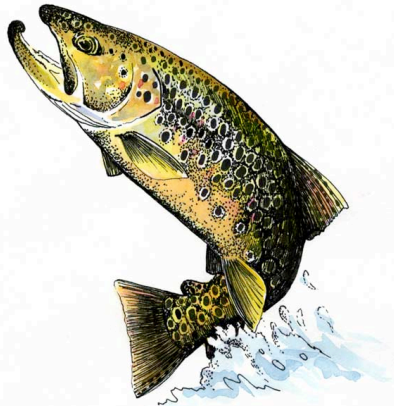
Activity: Trout Fishing Tournament  
At/Near: Camp Tahuaya, Belton, TX

Depart From: Lower Church Parking Lot  
At: 5:30 pm On: Friday Jan 15, 2010

Pickup at: Lower Church Parking Lot  
At: 12:30 pm On: Sunday, Jan 17, 2010  
**Please be on time!**

It is very difficult or impossible to contact the Troop when camping or hiking. In the event of an emergency requiring a trip member be contacted, please call:

Trent Tidmore phone: 817-675-1856



**Boy Scout Troop 700**

First United Methodist Church  
422 Church Street  
Grapevine, Texas 76051

**MEDICAL RELEASE**

**Activity Permission, Grant of Authority to Obtain Medical Treatment and Waiver of Responsibility**

*(trip leader carries this part and the Scout Health Record for each Scout)*

Troop 700 of Longhorn Council of Boy Scouts of America, Sponsored by First United Methodist Church of Grapevine Texas.

In consideration of the benefits to be derived, and in view of the fact that Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my Scout son/ward namely:

\_\_\_\_\_  
(Scout's Name - please **print** legibly)

On the activity named below, I agree to his participation and waive all claims against the leaders of this trip, officers and agents and representatives of Boy Scouts of America and First United Methodist Church Grapevine.

In the event of an emergency, the Troop leader of the activity has my permission to obtain medical treatment for this Scout at the nearest hospital or doctor at my

expense, as restricted on health form on file with Troop 700.

\_\_\_\_\_/\_\_\_\_\_/2010  
(signature of parent or guardian) (date)

Activity: Trout Fishing Tournament  
At/Near: Camp Tahuaya, Belton, TX  
Dates: Jan 15-17, 2010

Emergency Information (in addition to that in the Scout Health record)

During the activity, I can be contacted at the following Phone numbers:

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This Scout's activity during the trip should be limited in the following manner: \_\_\_\_\_

This Scout is highly allergic or sensitive to: \_\_\_\_\_

This Scout is taking the following medication: \_\_\_\_\_

Note dosage and any special instructions on reverse side of this form. Do you want adult leaders to carry and administer/apply medication (y/n): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_