

Activity Information

(parents keep this part)

Activity: TROUT TOURNAMENT
CAMP TAHUAYA
At/Near: 2603 Tahuaya Drive
Belton, TX 76513

Depart From: Lower Church Parking Lot
At: 6:00 PM On: Friday, 01/14/12
(time) (day & date)

Return to: Church, lower parking lot
At: 1:00 PM On: Sunday, 01/16/12
(approx time) (day & date)

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, call:

Trent Tidmore

At (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)

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.

_____/_____/_____
(signature of parent or guardian) (date)

Activity: TROUT TOURNAMENT
At/Near: CAMP TAHUAYA
Dates: 01/14/12 – 01/16/2012

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

During the activity, I can be contacted at the following Phones:
(____) ____-____ (____) ____-____

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: _____
