

THIS FORM MUST BE ON FILE FOR ALL EVENTS FOR CALENDAR YEAR 2008

This information is treated as confidential and will be copied only for attendance purposes at any Lodge event where a medical form is required. All event registration forms will now allow the attendee to indicate if this form has been filed

Anyone coming to an OA event without a medical form on file, youth or adult, may attend but will not be able to participate in any program activity. In addition, he or she may be asked to sign an Acknowledgement of Risk and Responsibility.

PLEASE PRINT OR TYPE:

NAME _____ Date of Birth _____
Address _____ UNIT/DIST _____
City/State/Zip _____ Tele. No. _____

PART I: OA PARTICIPATION CONSENT – *Required for all Youth participants

The above named Scout has my / our permission to travel to and from, and to participate in, Otetiana Council Ty-Ohni Lodge #95 ceremonial and camping activities, and to participate in those activities which include campcrafts, cooking, hiking, land and water sports and games, provided they are in accordance with the guidelines of the Boy Scouts of America and under the guidance of qualified leaders. I / we attest that our son is physically capable to participate and is in good health with any noted exceptions listed in PART II.

I / we understand the risk of physical injury incidental to camping and athletic activity. Understanding the benefits to our Scout, and that reasonable care will be taken to ensure his safety and well-being, I / we waive all claims I / we or our son may assert against Ty-Ohni Lodge #95, Otetiana Council, Inc., or the Boy Scouts of America and its volunteers and representatives on account of any injury, accident, illness, or other damage which may arise as a result of my / our son's participation in Ty-Ohni Lodge #95 sanctioned activities.

Parent(s) / Guardian sign here for Youth Participant _____

MEDICAL CONSENT AND INFORMATION (Required for all Participants)

Health Care or Insurance Plan: _____ Policy No. _____

Doctor: _____ Address _____

Telephone Number _____ Emergency Number _____

Allergies / Sensitivities: _____

Medications / Instructions*: _____

*If completing for youth, do you want an adult leader to:
carry medication(s)? ___ Administer medication(s)? ___ If yes, initial here _____*

List any medical condition(s) that may prevent or limit participation in any camping / program activities:

Date of last tetanus or booster shot: _____

Any medical emergency tags? If yes, specify type and location of tag: _____

In an emergency, contact: _____ Relationship _____

Telephone no. _____ Cell phone no. _____

Address: _____

If unavailable, contact: _____ Relationship _____

Telephone no. _____ Cell phone no. _____

Address: _____