



Boy Scout Troop 72
Roychester Park Community House (RPCH)
www.troop72overlookhills.org

SCOUT Activity Permission/Attendance Form

SCOUT Name : _____

Date _____

ACTIVITY : _____

* If Activity requires additional fee please check below method of payment (except for food which is always cash)

Method of Activity payment: _____ Cash / _____ Check / _____ Venmo

Above named Scout, has my permission to attend the named activity with Boy Scout Troop 72. The undersigned Parent/Guardian hereby consents to emergency care and treatment being given to the above-named Scout in the event they shall become, ill, injured or involved in an accident. The necessity for such care and/or treatment shall be left to the medical discretion of the attending physician. The undersigned Parent/Guardian also agrees to hold harmless of any indemnity or Scout Troop 72 registered adult in attendance at the indicated activity knowing that all necessary precautions for the safety and welfare of the Scout has been taken.

Parent/Guardian Signature _____

Best Contact Phone #: _____

MEDICAL/HEALTH UPDATE: If Scout is being treated for any medical / health conditions or requires prescription medication that the Troop should be made aware of that is not currently listed on their health form on file with the Troop, please indicate below.

_____ **NO**, current medical conditions and/or medication change

_____ **YES (Explain Below)**

If Scout is NOT planning on traveling with the Troop at the activity designated times, indicate below.

Approx. Arriving Time _____ Day: _____	Approx. Leaving Time _____ Day: _____
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Scouts attending activity should submit this form and payment directly to their Patrol Leader or Assistant Patrol Leader that is filling in for the Patrol Leader in their absence on Monday night meeting prior to the activity.



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ADULT Activity Attendance Form

ADULT Name : _____

Date _____

ACTIVITY : _____

* If Activity requires additional fee please check below method of payment (except for food which is always cash)

Method of Activity payment: _____ Cash / _____ Check / _____ Venmo

Adult must be Youth Protection trained and have completed the three PA Child Protective Services Laws to drive or participate.

I hereby give consent to emergency care and treatment being given in the event I shall become, ill, injured or involved in an accident. The necessity for such care and/or treatment shall be left to the medical discretion of the attending physician. I also agree to hold harmless of any indemnity or Scout Troop 72 registered adult in attendance at the indicated activity knowing that all necessary precautions for the safety and welfare have been taken.

MEDICAL/HEALTH UPDATE: If adult is being treated for any medical / health conditions or requires prescription medication that the Troop should be made aware of that is not currently listed on his/her health form on file with the Troop, please indicate below.

_____ **NO**, current medical conditions and/or medication change _____ **YES (Explain Below)**

ATTENDING

Yes _____ No _____

Indicate total # of

TRANSPORTATION

Available Seatbelts below

I can drive To activity Yes _____ No _____

I can drive From activity Yes _____ No _____

If Adult is NOT planning on traveling with the Troop at the activity designated times, indicate below.

Approx. Arriving Time _____ Day: _____	Approx. Leaving Time _____ Day: _____
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Adult attending activity should submit this form and payment directly to Becky Devlin or an adult leader that is filling in for Becky in her absence on Monday night meeting prior to the activity.