

**B. S. A. TROOP 23, MOUNT PROSPECT ILLINOIS
PERMISSION SLIP and EMERGENCY MEDICAL FORM
[Activity description]**

TO WHOM IT MAY CONCERN:

In the event of illness or injury occurring to my son, _____, while in this trip or activity, I consent to provision of medical services to my son by qualified medical providers, including emergency personnel, hospitals, medical centers, licensed physicians and medical providers under their instruction and control. Such medical treatment may include first aid, medical examination and/or treatment, including without limitation x-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical services. I hereby consent, agree and approve to all the terms, condition and waiver or claims of this permission form and certify to its correctness.

Primary Physician

Office Telephone

Address

List Allergies

List Medical Condition

Parent or Guardian Signature

Date