



Plast Ukrainian Scouting Organization

Emergency Home Contact & Medical Release Form

(for weekend activities)

Plast Event Name: VMILIST WEEKEND

Date(s) of Event: 9/29/17 to 10/1/17

Scout's Name: _____ Date of Birth: _____ Sex: ____ Age: _____

Parents/Guardians: _____

Home Phone: _____ Mother Cell #: _____ Father Cell #: _____

Home Address: _____
STREET CITY STATE ZIP

If parent is not available, list person to be contacted in case of emergency:

1. Name: _____ Relationship to Scout: _____

Day Phone: _____ Evening Phone: _____

2. Name: _____ Relationship to Scout: _____

Day Phone: _____ Evening Phone: _____

Do you carry family medical/hospital insurance: _____ Yes _____ No

Name of Insurance Co.: _____ Group/Policy/ID #: _____

Person who carries insurance: _____ Relationship to Scout: _____

Family Physician: _____ Phone #: _____

Daily medication taken by the scout: _____

Allergies (medication, food, environmental): _____

Chronic medical conditions: _____

This scout carries an EPI PEN for the following: _____

Standard O-T-C Medications Provided PRN - The following medications will be administered as first aid as directed on packaging at the discretion of medical staff or chaperone on site: acetaminophen, ibuprofen, cough drops, burn jel, bacitracin ointment, betadine antiseptic, medicaine swab, hydrocortisone cream, benadryl spray, Neosporin, zinc oxide, artificial tears.

All information listed above is correct and my child/ward listed above has permission to engage in all event activities. I am aware that the event program may include several field trips and that these field trips may involve any or all of the following activities: travel by bus, crossing state boundaries, swimming, canoeing and overnight stay outside of Plast Camp property. I also give permission to the chaperone or medical personnel selected by the event director, to provide or arrange necessary related transportation for my child to secure and receive treatment, including hospitalization. Understanding the above, I hereby give my child permission to participate in this event.

Signature of consent by parent/guardian: _____ **Date:** _____