

REQUEST FOR EXEMPTION FROM MEDICAL CARE AND TREATMENT

I request the exemption from all medical treatment for me and/or my child en route to, from, and during the attendance to Camp _____, operated by the _____ Council, Boy Scouts of America. I understand that a medical evaluation and screening by a licensed health-care practitioner is necessary to reduce the possibility of exposing other camp participants to a communicable disease.

In consideration of these exemptions, I understand that I accept complete responsibility for the health of me and/or my child, and I hereby release and agree to hold harmless the Boy Scouts of America and any of its officers, agents, and representatives from any liability that might arise during Scouting activities by virtue of this exemption. It is further understood that, should an emergency arise, (name) _____, (telephone) _____, will be notified immediately. In the event that this contact cannot be located immediately, the Boy Scouts of America authorities may take such temporary measures as they deem necessary.

Participant signature

Parent/guardian signature

Date: _____

Name (print): _____

Address: _____

City, State, Zip: _____



BOY SCOUTS OF AMERICA