



## Boy Scout Troop 6, Cincinnati OH Scout Medical Release Form

Our son's physician is \_\_\_\_\_ and may be contacted at phone #  
\_\_\_\_\_ in the event of an emergency.

I/we may be contacted at \_\_\_\_\_, or \_\_\_\_\_, or \_\_\_\_\_.

Is he/they in good physical condition, with no serious illness or operation since his last health exam? YES NO

Is he/they currently taking any medications? YES NO Please specify: \_\_\_\_\_

Does he/they have chronic or ongoing medical conditions of which the leaders should be aware? (Such as allergies, diabetes, asthma, contact lenses, etc.) YES NO Please specify:  
\_\_\_\_\_

Parent/ Guardian Medical Insurance Coverage: \_\_\_\_\_

Contract #/Policy # \_\_\_\_\_

Permission is granted to any emergency room physician to treat our child/ward prior to contacting our child's/ward's physician. \_\_\_\_ YES. \_\_\_\_ NO, consult our physician first.

Please note: At least one parent/guardian must sign and date this form (a single signature, however, binds both parents/guardians). **The accuracy of this information must be verified by each parent prior to each activity/trip or participation will not be permitted.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)