

BOY SCOUTS OF AMERICA
TROOP 1377
KINGWOOD, TEXAS

CONSENT AND AUTHORIZATION

NAME OF **SCOUT/ADULT SCOUTER**:

ADDRESS:

HOME TELEPHONE:

DATE OF BIRTH:

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I give my consent for the above named Scout to participate in the program activities of Troop 1377, Boy Scouts of America, Sam Houston Area Council.

I also authorize the supervising adults of Troop 1377 program activities to administer emergency treatment for any accident or illness and to act in my stead in providing any medical or dental care. This authorization shall cover any travel to and from, as well as the entire period of all troop activities.

This authorization shall remain valid as long as the Scout is a registered member of Troop 1377 unless specifically revoked by a parent or legal guardian.

SIGNATURE OF PARENT OR GUARDIAN: _____

DATE: _____ DAYTIME PHONE NUMBER: _____

ALTERNATE CONTACT: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

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THE STATE OF TEXAS)
)
COUNTY OF HARRIS)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this _____ day of _____, 20__

Notary Public, State of Texas

My Commission Expires: _____