



**MEDICAL RELEASE**

In the event of illness or injury occurring to my son/daughter while involved in this ship trip or activity, I consent to 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 furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

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Insurance Company Policy no.

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Personal physician Telephone no.

**Special Considerations**

Please list any medications the scout is currently taking:

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Please list any allergies/special diet (ie diabetes):

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**Arriving Late/Leaving Early**

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Supervising Adult Day and Time

**Approval**

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Signature of Parent/Guardian Date

**For Use By Notary Public If Required**

In an effort to provide better child protection, certain states and foreign countries now require all releases covering minors to be notarized. In addition to this, they may also require proof death if only one parent is living, or approval of both parents and stepparent(s) in the event of divorce/remarriage. If you will be traveling through or going to an area where either or both of these restrictions apply, use the back of this form to provide space for additional signatures as required.

Subscribed and sworn to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.  
My commission expires \_\_\_\_\_, 19\_\_\_\_.

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Signature of notary public