

Boy Scouts of America
Troop 243
Naples, Florida
(Feb2009)

MEDICAL RELEASE

**STATE OF FLORIDA
COUNTY OF COLLIER**

I, the legal parent or guardian of _____, hereby give my permission for my son to participate in any and all Troop 243 activities, including travel to and from said events from the time he joins Boy Scout Troop 243 until he notifies the Troop that he is no longer a member of Troop 243.

Should an accident or medical emergency arise during a Troop 243 function, I give my permission for any adult leader of Troop 243 to render immediate first aid and, if necessary, to admit my son to the emergency room of an accredited hospital, or to an urgent care center, or to any other facility that the adult leader of Troop 243 finds appropriate under the circumstances, for treatment and/or hospitalization, if needed.

Under these aforementioned circumstances, I hereby grant to the leaders of Troop 243, who are present, my limited **Power of Attorney**, appointing them my true and lawful Attorneys-in-fact, with full authority to admit my son for treatment or hospitalization as needed, and to bind me financially to answer for same, as fully as I could do under the circumstances if I were present.

My Medical Insurance company is _____, policy number _____.
Their contact number is _____.

My Dental Insurance company is _____, policy number _____.
Their contact number is _____.

Signature of parent or legal guardian

STATE OF FLORIDA, COLLIER COUNTY

The foregoing instrument was acknowledged before me on this ____ day of _____, 200__,
by _____, personally known to me or who produced _____
as identification.

(SEAL)

(Notary Public)

(Printed Name of Notary)

My commission expires _____