



## Worthington Troop 123 Authorization and Consent for Minors

**Scout's Name:** \_\_\_\_\_

In consideration of the benefit to be derived, and in view of the fact that that Boy Scouts of America is an educational institution, membership in which is voluntary, I hereby consent and agree to my Scout's participation in activities conducted by the Boy Scouts of America and Worthington Troop 123, and waive all claims, now existing or later arising, against the volunteer leaders of Troop 123 and the officers, agents and representatives of the Boy Scouts of America in connection with Scouting activities.

I hereby authorize the volunteer leaders of Worthington Troop 123 or such representatives of the Boy Scouts of America, as my agent, to consent to such medical or dental examinations and treatment as may be reasonably necessary as a result of any illness of or injury to my Scout while he is participating in any Scouting activity. I further agree to assume responsibility for all expenses incurred as a result of such treatment and shall indemnify the volunteer leaders of Worthington Troop 123 for any expenses they might incur as a result of my Scout's illness or injury.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian (signature)**

\_\_\_\_\_  
**Parent or Guardian (print name)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone:** Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Secondary Contact Person** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**List any allergies:**  
\_\_\_\_\_  
\_\_\_\_\_

**List and Special Physical Considerations:** (use back if needed)  
\_\_\_\_\_  
\_\_\_\_\_