

# TROOP 4

## GRAPEVINE, TEXAS

### MEDICAL INFORMATION AND AUTHORIZATION

Scout: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, St ZIP: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Parents Names: \_\_\_\_\_  
Physician Name & Phone #: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

Medical Conditions & History (Asthma, Diabetes, Epilepsy, Heart Murmur, Physical Restrictions, etc.):

In Case of Emergency Call:

Name	Home #	Cell #	Work #	Other #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health Insurance Company: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Group # / Policy #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### POWER OF ATTORNEY

I, \_\_\_\_\_, of Tarrant County, State of Texas, being the natural parent or legal guardian of \_\_\_\_\_, my minor child, do hereby grant permission for said child to travel to and from, by private automobile, public carrier or other means of transportation, and participate in any and all activities of Troop 4, Boy Scouts of America, including but not limited to day and overnight campouts, trips and projects.

I further hereby appoint the Scoutmaster, or other duly registered adult leader in charge, as my true and lawful agent and Attorney-in-Fact to act for me in my name, place and stead to do any, every and all acts and exercise and, every and all powers that I might or could do in securing and consenting to whatever medical treatment (s)he shall deem proper or advisable for said child, including but not limited to hospitalization, anesthesia, surgery, or medication. Further, this Power of Attorney shall not terminate upon my disability or incompetence.

In consideration for my Attorney-in-Fact so acting, I hereby waive any and all claims or causes of action against Troop 4 and its adult leaders, Boy Scouts of America, and Memorial Baptist Church of Grapevine, and agree to hold them harmless against and from any damage, loss, cost or expense, arising out of or in connection with the exercise of the powers granted hereunder, or with said child traveling to or from or participating in the aforesaid activities.

Dated: \_\_\_\_\_ (mm/dd/yyyy) Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of Texas