

**Boy Scout Troop 66
Bartlett, Illinois**

AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION FOR CARE

This document is to confirm that it is with my permission that the medical/physical information given to representatives of Troop 66 regarding my son _____ can be shared with those adult leaders of Troop 66 (or in the event of an emergency, outside medical personnel) who provide supervision, care, and support for my son.

Troop 66 will use and discloses health information about my son for treatment, healthcare operations, and compassionate understanding of his personal needs during scout related events on a "need-to-know" basis as determined by the Troop committee.

For example:

REASONABLE EXPECTATIONS BASED ON HEATH INFORMATION:

Troop 66 representatives will be able to have realistic expectations when encouraging your Scout and teaching scout skills if those in direct scout contact are aware of his abilities, and any limitations that may exist. Advancement expectations can be modified given certain physical limitations as highlighted by the National Office of Boy Scouts of America.

TREATMENT: In the event of a need for medical treatment, we may use or disclose your Scout's health information to a physician or other healthcare provider giving treatment.

HEATHCARE OPERATIONS When giving medications as supplied, instructed and permitted by you during a campout or scout event, the person dispensing these medications will have access to the underlying condition that may exist. I am aware that Troop 66 has access to limited OTC medications which can be made available to my son should the need arise. Examples of these OTC medications would be Tylenol, Benedryl, anti-diarrhea medication, antacid, eyewash, and topical cortisone cream.

I hereby give my full consent and permission to all of the above for December 1, 2009 to December 31, 2010.

Please contact a member of Troop 66's Committee if any health concerns change during the year so your Scout's form can be updated.

Yes

No

With the limitations as indicated below

Limitations to the above document are as follows:

Parent/Guardian Signature

Date

Parent/Guaridan Signature

Date