

POLISH SCOUTING ORGANIZATION

HEALTH STATEMENT / MEDICAL RELEASE /
EVENT NAME: Splyw2008 DATE(S) 8/29/2008-9/01/2008

WĘDRO'S	AGE _____
Name of Child: _____	Date of Birth: _____
Address: _____	
Home Telephone: _____	Email Address: _____
Cell Telephone: _____	
Emergency Contact: _____	Telephone No.: _____

FAMILY MEDICAL INSURANCE/VITAL INFORMATION

Insurance Carrier: _____	Policy or Group #: _____
For the benefit of your child, and to help Scouting Staff, please answer the following questions and return this form to the Scout Leader.	
1. Has the child any allergies? If so, please specify: _____	
2. Has the child any medical problems that the leader should know about? If so, please specify: _____	
3. Is the child currently taking any medication? If so, please specify: _____	

PARENTAL RELEASE/PERMISSION

I hereby state that to the best of my knowledge the above statements are true, the named child is in good health, and is free of any contagious diseases. Furthermore, I also give permission to the physician selected by the camp director to order X-rays, routine tests and treatment for the health of my child, and, in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and injection and/or surgery for my child as named herein.

I hereby give permission for my child to take part in the overnight camping program known as "SPLYW". **Furthermore, I give permission for my child to take part in more extreme water sports such as White water rafting, and other activities of that nature during this program.** I understand the risk involved in partaking in these activities and I waive any claim, demand or cause of action, legal or equitable against "SPLYW", its Officers and Staff, for any injuries to my child that might be sustained by him or her during the duration of "SPLYW"

Print Name / Signature of Parent or Guardian

Date