

Boy Scouts of America - Troop 166
2007 Medical Emergency Release-ADULT FORM

To whom it may concern:

I do herewith authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician may endanger his life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted after a reasonable effort has been made to reach my next of kin.

Name of Adult: _____

I certify that the release form is completed and signed by my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ Date _____

Sworn and subscribed to before me this _____ day of _____ 2007

Notary of New Jersey

Family Address _____

Phone Number _____

Family Physician _____ Phone No. _____

Specific allergies (medical, insect, food, etc.), chronic illness or other conditions

Date of last tetanus shot: _____ Adult's Social Security Number _____

Other contacts in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medical Insurance Information: Company _____

Policy Number _____ Other Information _____

The person named above is currently taking the following prescription medication(s) under direction of a physician: **ALL PRESCRIPTION MEDICATIONS FOR THE MEMBER NAMED ON THIS FORM, MUST BE IN THE ORIGINAL CONTAINER IN THE NAME OF AND FOR THE PRESCRIBED**

