B.S.A. TROOP 755 – NORTHVILLE

EMERGENCY CARE INFORMATION

Full Scout(er) Name: _____ Birthdate: _____

Social Security Number: _____

Address: _____ City: _____ ZIP: _____

Parent/Guardian: _____ Relationship: _____

Telephone: Home (__) _____ Alternate (__) _____

COMPLETE ALL APPLICABLE LINES FOR YOUR MEDICAL/HOSPITALIZATION INSURANCE

Insurance Company Name: _____

Policy Holder's Name: _____

Identification Number: _____

Social Security Number: _____ (Policy Holder)

Group Number: _____

Location Code: _____

Policy Number: _____

Employer: _____
Employer Address: _____

Policy Administrator: _____
Address: _____
Phone: _____

Health problems; allergies; medications; physical limitations; etc. _____

In the event that injury or illness needs immediate attention, I hereby authorize Troop 755 to arrange transportation to the nearest hospital which may render emergency treatment. I further authorize those leaders in attendance to obtain the proper emergency medical treatment for my son including hospitalization, anesthesia, injection and/or surgery. I will be responsible for charges incurred.

_____	9/28/01	_____
Authorizing Signature	Date	Authorizing Name - Print