

**B.S.A. TROOP 755 - NORTHVILLE
EMERGENCY CARE INFORMATION**

**DUE
MAY 22**

Full Scout(er) Name: _____ Birth date: _____ (one form per scout)

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: _____

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.

Authorizing Signature

Date

Authorizing Name – Print