

# Event: Northwestern STEM & Football game trip

Date: Saturday, October 28, 2017

Where: Northwestern University, 2145 Sheridan Road, Evanston, IL 60208

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## TROOP 399 SIGN UP/PERMISSION AND EMERGENCY MEDICAL FORM

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Scout(s) (print full name) \_\_\_\_\_

Adult(s) (print full name) \_\_\_\_\_

will be attending the event/trip listed above. I am familiar with the details of the activity and shall provide the necessary funds and equipment. I will be sure that my son (or I) will not attend if ill or not in good physical condition on the dates shown above. I can be reached for notices before and during the activity:

Email: \_\_\_\_\_ Home Ph: \_\_\_\_\_

1<sup>st</sup> Adult/Cell: \_\_\_\_\_ 2<sup>nd</sup> Adult/Cell: \_\_\_\_\_  
(name) (phone number) (name) (phone number)

Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_ Ph: \_\_\_\_\_  
(name) (relationship) (phone number)

**Travel Plans:** \_\_\_\_ Driving in family car \_\_\_\_ Riding with assigned driver *(help with gas cost kindly requested)*

\_\_\_\_ With TO: \_\_\_\_\_ FROM: \_\_\_\_\_

*(All drivers must supply current driver contact, insurance & vehicle information to trip leader at sign up. See back of form for details)*

Special note: \_\_\_\_\_

Name (s)	Allergies?		Taking Medication?	
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List here:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Health Form A or back of form
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List here:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Health Form A or back of form
	<input type="checkbox"/> No	<input type="checkbox"/> Yes. List here:	<input type="checkbox"/> No	<input type="checkbox"/> Yes, Health Form A or back of form

*If any changes between sign up and trip departure, it is the attendee's and/or parents' responsibility to notify the tour leader prior to leaving for the event.*

I do herewith authorize the treatment by a qualified and licensed medical doctor of myself and/or the minor listed above in the event of a medical emergency which, in the opinion of the attending physician, may endanger my or said minor's life, cause disfiguration, physical impairment, or undue discomfort if delayed. It is understood that every effort shall be made to contact the undersigned or the listed emergency contact person prior to rendering treatment of patient but that treatment will not be withheld if the undersigned cannot be reached.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

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### PAYMENT FOR: NU STEM & Football game (MAKE CHECKS PAYABLE TO TROOP 399)

Amount: \$25 per person for Scouts, Parents, and/or siblings. This form & payment are due by Mon, 9/25.

Name	Cash	Check #	Scout Acct. **

\*\* Applies to Boy Scouts only. If paying by Scout account, signature requested below to authorize the transaction:

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transaction Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

### TROOP 399 MEDICATION INFORMATION

Please note, if you or your son are taking any medication, you are asked to list them on either the BSA Health History Form A or on the form below.

*If you wish to keep this information confidential, check the YES box under "Taking Medications", and include the information below on a separate sheet of paper. Put the information in a sealed envelope, mark it "TOUR LEADER ONLY" and staple it to the permission slip.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication name	
Dosage instructions	
Reason for medications	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication name	
Dosage instructions	
Reason for medications	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication name	
Dosage instructions	
Reason for medications	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication name	
Dosage instructions	
Reason for medications	

### TROOP 399 DRIVER & VEHICLE INFORMATION

Per BSA tour permit guidelines, all drivers for trips must have their driver license, insurance and vehicle information registered with the troop.

**Driver information:**     Use driver info on file     Use information below

Car Year: \_\_\_\_\_ Make & Model: \_\_\_\_\_ # of Seatbelts \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Plate # \_\_\_\_\_

Car Ins. Provider \_\_\_\_\_ Liability Coverage \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Each person/each accident/property damage)