

**LAKOTA CHAPTER/SIWINIS LODGE
ORDER OF THE ARROW**

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ TROOP: _____

EVENT INFORMATION

NAME OF EVENT: _____ DATES OF EVENT: _____

EMERGENCY MEDICAL TREATMENT

To Whom It May Concern:

I authorize the officers and leaders of the Boy Scouts of America and the Order of the Arrow to render any necessary first aid to my son.

In case of emergency, the registered adult Scout Leader in charge has my permission to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or any other treatment and/or hospital care for my son which is deemed advisable and is to be rendered under the general or special supervision of a physician and/or surgeon licensed under the provisions of the Medical Practice Act.

In no event will the Boy Scouts of America, the Order of the Arrow, or their officers, leaders, or agents be held liable for any first aid rendered or medical or surgical procedures performed pursuant to this consent.

IN EMERGENCY CONTACT

Name (Print): _____ Phone: _____

Alternate Phone: _____

Relationship: _____ Date: _____

My Medical Insurance Carrier is : _____ (Telephone#) _____

My Policy or Group Number is: _____

Is your Son on any Medication ? _____, If YES, Name of Medication: _____

Special Medical Requirements or Limitations: _____

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Continue on next page

APPROVAL OF ACTIVITIES

I give my permission for full participation in all Order of the Arrow activities, subject to limitations noted herein. This is with the knowledge that there is the possibility of accident, illness, injury or loss of property incurred during said activities, and travel to and during said activities. In no event will the Boy Scouts of America, the Order of the Arrow, or their officers, leaders, or agents be held liable.

Parent or Guardian: _____ Date: _____

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TRANSPORTATION

I give my permission for my son to be transported to, from, and at the event subject to limitations noted herein.

Parent or Guardian: _____ Date: _____

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FIELD SPORTS PERMISSION

Parent or Guardian: _____ Date: _____

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MEDIA RELEASE

I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which s/he posed, and/or audio recordings made of her/his voice may be used by Boy Scouts of America, its assignees or successors, and Order of the Arrow in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of the council, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

Parent or Guardian: _____ Date: _____