

Mackinac Island Service Troop #168 Port Huron, MI



Scout's Name : _____
(Please Print)

Authorization for Release of Scout

Authorization is granted for the release of the Scout identified above to volunteers and adult leaders of Mackinac Island Service Troop #168 of the Blue Water Council, Boy Scouts of America. In addition, only those individuals listed below are authorized to remove the Scout identified above from the guardianship of Mackinac Island Service Troop # 168, Troop barracks, or Mackinac Island during the Troop # 168's duty week. Proof of identification must be shown to a Troop # 168 adult leader or volunteer before release can be authorized. *

Name		Relationship	
Name		Relationship	
Name		Relationship	
Name		Relationship	

***Important!** List spouse above if both parents have not signed authorization below.

Date _____ Signature _____ (valid from one year from date signed)

Date _____ Signature _____ (valid from one year from date signed)

Date _____ Signature _____ (valid from one year from date signed)

Authorization for Medical Treatment

The Michigan Department of Social Services requires the following authorization pursuant to PA 116 of 1973 and administrative rule 127. (1)

To the best of my knowledge, the health history contained in the Annual BSA Health and Medical Record for the Scout identified above is correct and such Scout has permission to engage in all prescribed activities, except as noted by me and the Scout's physician. In the event of an emergency, I hereby give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical treatment, routine and non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) or medications for my son. Furthermore, I attest the Scout identified above is in good health, is current with all required immunizations, and I assume the health responsibility for the Scout identified above.

Date _____ Signature _____ (valid from one year from date signed)

Date _____ Signature _____ (valid from one year from date signed)

Date _____ Signature _____ (valid from one year from date signed)

Duty - Respect - Honor