

Troop 144 - Laurys Station, PA
Medical and Internet Release Form

Scout's Name: _____

MEDICAL RELEASE

Does your son have any medical conditions that Troop 144 needs to be made aware of? No
 Yes

If "Yes", please describe here (if you need more room, please continue on the back): _____

Does your son have any food allergies that Troop 144 needs to be made aware of? No
 Yes

If "Yes", please describe here (if you need more room, please continue on the back): _____

INTERNET RELEASE

From time to time, your son may be included in a picture that is posted to the Troop 144 website. As it has been practiced in the past, and will be practiced in the future, we do **NOT** include the scout's name (Full name, First name, and/or Last name) in **ANY** picture.

Does Troop 144 have your permission to include your son in any pictures that may be posted to the Troop 144 website?

Yes No

(If you answered "No" to the above question, please forward a copy of a picture of your son to the Troop 144 Webmaster (Brian Miller) so that the scout's face can be blurred out of any picture that may get posted.)

I hereby release Troop 144, Minsi Trails Council, and/or the Boy Scouts of America from any and all liability from such use and publication.

Parent's Signature: _____

Date: ____ / ____ / ____