**HEALTH AND MEDICAL RECORD – STATE OF MICHIGAN**
**Please attach to Annual Health & Medical Record**

**Name _____ Unit# _____ Campsite _____**

**The following authorization is required by the Michigan Department of Consumer and Service Industries pursuant to PA 116 of 1973 and administrative rule 127.(1).**

(Please check **one** box)

☐ **PERTAINING TO THE YOUTH**

## RELEASE OF CAMPERS FROM CAMP

Authorization is granted for the release of the aforementioned individual to employees, staff, volunteers and camp staff of Detroit Area Council #262, Boy Scouts of America. In addition, only those individuals listed below are authorized to remove the aforementioned individual from summer camp during their period of camping - Administrative Rule 11126.2.

| | | | |
|---|---|---|---|
| Name | | Relationship | |
| Name | | Relationship | |
| Name | | Relationship | |

* Please Note: Please list spouse above if both parents have not signed authorization below.

The health history contained herein is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me and the physician. In the event I cannot be reached in an emergency, I here by give permission to the physician selected by a designated representative of the Boy Scouts of America to authorize emergency medical or surgical treatment, routine, non-surgical medical care, hospitalize, secure proper anesthesia, or to order injection(s) for my son (or daughter). The person herein described is in good health, has all required immunization current, and I assume the health responsibility for the individual:

*Date _____ Signature: _____Valid for 1 year from date signed.
Parent or Guardian

☐ **PERTAINING TO THE ADULT**

| |
|---|
| Registered position in council: |
| Position in camp: |
| Number of years/seasons in summer camp as an adult leader: |
| Number of years in leadership or short-term weekend Scout camping: |

Have you ever been convicted of anything other than a minor traffic violation?

○ Yes ○ No -- If yes, please explain:

The information contained in this form is correct to the best of my knowledge.

Date_____Signed_____Scouter