

PROJECT COPE

Element of Danger Statement

(SCOUT & NON-SCOUT GROUPS FILL OUT THIS FORM)

Project COPE (Challenging Outdoor Personal Experience) is a course designed to test mental and physical skills. As in any physical activity, there is an element of risk during the event.

If you are going to take part in COPE, you must be aware of the possibility of injury. The program consists of a series of activities. If you have any physical limitations or previous injury that could be aggravated by participation in any of the events, we recommend that you do not participate in the course. This is a **Challenge By Choice** course. In other words, you only participate in the activities you feel you can do. The director reserves the right to prevent you from participating in some events if he/she feels that you have limitations that might endanger you.

Talent Release

I grant permission to the Boy Scouts of America or its assignees to use & publish my likeness/my son(s) likeness in photo/video tape format or electronic representation for event and camp promotional use. I release the BSA from all liability associated with this & waive the right to any compensation.

I have read the information above, and will set my own limits on participation in events and agree with the Talent Release information.

Participants Signature: _____ Date: _____

Participant Name: _____

Please Print

I have read the information above, and have discussed it with my child, and give permission for him/her to participate.

Guardian Signature: _____ Date: _____



HEALTH INFORMATION FORM

(SCOUT & NON-SCOUT GROUPS FILL OUT THIS FORM)

Please complete the information requested on this health information form. Please print/type.

Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ St.: _____ Zip: _____

In case of emergency contact:

Name: _____ Phone #: _____

Alternate Phone #: _____

Address: _____ City: _____ St.: _____ Zip: _____

Family Physician: _____ Phone #: _____

MEDICAL INFORMATION:

Have or subject to: (Check if Yes)

- Asthma Fainting Spells Convulsions Diabetes Heart Trouble ADD
- Migraine Headaches Bleeding Disorders Ear Infection or Aches Stomach Problems Prosthesis
- Sinus Other _____

Allergies to food, medicine, plant, animal, insect, other: _____

Medical Condition that requires care, medication or diet _____

Medications currently being taken and dosage _____

(Letter from a doctor must accompany medicine if it is to be administered at camp. This is a state law.)

Immunizations, Last Year Given

Tetanus _____
 Diphtheria _____
 Polio _____

Has Had

Measles
 Mumps
 German Measles
 Whooping Cough
 Chicken Pox

Vaccination

Disease

Parent Authorization: This health information 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 or a physician. In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leaders in charge, to hospitalize, secure proper anesthesia, or to order injection or surgery for my child.

Parent Signature _____ Date: _____

Participant Signature _____ Date: _____

