

Medical History

I, the undersigned parent/legal guardian of _____ (*Scout's Name and SSN*) hereby grant permission for my child to attend the West Point Invitational Camporee, 5-7 May 2006.

I authorize the agents of the West Point Invitational Camporee to request medical treatment as necessary to insure the well being of my dependent scout. I understand that a doctor is on call during the Camporee.

I understand that emergency medical treatment will be provided at Keller Army Community Hospital at West Point. I understand that if I am not a military service member, inpatient care will be provided on a temporary basis and that my child will be transferred to a civilian hospital as appropriate.

I understand that I will be directly billed for inpatient charges incurred at Keller Army Community Hospital.

I certify that my child has had a physical examination, signed by a physician, within one year of the Camporee. My child is in good health and able to participate in the camp program and activities. Special physical and/or medical limitations requiring medication or special treatment are listed on the reverse, as well as any current medication.

Last tetanus shot: _____ Allergies: _____

Date of birth: _____ Sex: _____

Address: _____

Phone: Home (____) _____

Business (____) _____

(signature of parent/guardian) (date)

<p>MILITARY ONLY: Sponsor's Branch of Service: _____ AD or RET</p> <p>Sponsor's SSN: _____ Child's Family Member Prefix: _____</p>

ER USE ONLY: Non-Military Camporee Patient Category is K99.5

Release Form Liability (Minors)

In consideration of receiving permission from the Superintendent, West Point, New York for _____ (*name of participant*) to enter upon the premises of West Point for the purposes of participating in the West Point Invitational Camporee on 5-7 May 2006 the receipt of such permission being hereby acknowledged, the undersigned parent/legal guardian of _____ (*name of participant*) hereby releases the Superintendent, West Point, New York, and the United States Military Academy, the Department of the Army, its agents, officers, servants, and personnel of and from any and all liability, claims, demands, actions, and causes of action whatsoever, including, but not limited to claims based on the negligence of any of the above parties, arising out of or relating to any loss, damage, death or injury that may be sustained to or upon the person or property of _____ (*name of participant*) while in, on, or upon the premises of West Point on the aforementioned date or en route to or from these premises. Furthermore, the undersigned certifies that he/she is the parent or legal guardian of, and has the authority to sign this release for _____ (*name of participant*) and agrees that he or she will assume liability for any loss, damage, injury death, claims, demands, actions or causes of action which may be brought by the above participant, or his/her representative as a result of the requested activities.

(*signature of parent/guardian*) (*date*)

Release Form Liability (Adults)

In consideration of receiving permission from the Superintendent, United States Military Academy, West Point, New York, to enter upon the premises of West Point for the purposes of participating in the West Point Invitational Camporee on 5-7 May 2006, the receipt of such permission being hereby acknowledged, the undersigned hereby releases the Superintendent, West Point, New York, and the United States Military Academy, the Department of the Army, its agents, officers, servants, and personnel of and from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, death, or injury that may be sustained by the undersigned, or any property of the undersigned, while in, on, or upon the premises for the purpose of the aforementioned activity.

(signature of individual)

(date)

(witness)