STATE OF MICHIGAN REQUIRED AUTHORIZATIONS

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 127.1(1).

The health and history contained herein is correct as far as I know, and the person described has permission to engage in all prescribed activities, except as noted by me and/or the medical provider. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider 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 child. The person herein described is in good health, has all required immunizations current, and I assume the health responsibility for the individual.

(*If for religious reasons you cannot sign this, contact the Council for a legal waiver, which must be signed for attendance.)

The following information is required by the Michigan Department of Consumer and Industry Services pursuant to Public Act 116 and Administrative Rule 117.(2)(A).

Scouts Name_____

Pack/Troop/Crew_____

Authorization is granted for the release of the aforementioned individual to adult employees, staff, volunteers, and camp staff of the Gerald R. Ford Council, Boy Scouts of America. In addition to the parents or guardians signing this form, only those individuals listed below are authorized to remove the aforementioned from summer camp during their period of camping.

Name	Relationship

Parent or Guardian Signature:_____

Date:_____

Print_____

Parent or Guardian Signature:_____

Date:_____

Print_____