



HILLER AVIATION MUSEUM

**Merit Badge Program
Student Information and Medical Form**

DO NOT SUBMIT IN ADVANCE—GIVE TO COUNSELOR AT CHECK-IN

Scout's Name: _____ Program Date: _____

Parent/Guardian: _____ Phone #: _____

Please list the names of individuals besides yourself who are authorized to pick up your child.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

_____ My Scout is authorized to leave the Museum unsupervised during lunch.

_____ My Scout will walk/bike/drive himself to and/or from the program. I authorize the Hiller Aviation Museum to dismiss him at program end time.

Parent Signature and Date

Scout Programs end at 4:30 PM unless otherwise noted. Please pick your Scout up on time.

ORAL MEDICATION must be given to Scout's Instructor. Prescription medications must be in the original bottle with a valid expiration date.

Name of Medication: _____ Dosage: _____

Special Medication Instructions:

Allergies:

Special Restrictions or Precautions:



HILLER AVIATION MUSEUM

AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR

(I), (We), the undersigned, as parent/guardian of _____, a minor, do hereby authorize the Hiller Aviation Museum as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any physician and surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

This authorization shall remain in effect for six months from this date: _____ unless sooner revoked in writing and delivered to said agent(s).

We hereby give permission for my/our child to attend the Hiller Aviation Museum Merit Badge Program at the designated location. I give the instructional staff permission to take any necessary action in the event of an emergency.

Parent/Guardian (Print Name)

Signature

Date