

**Food and Environmental Allergy Consent to Participate  
TROOP 1 OUTINGS**

\_\_\_\_\_  
Scout/Participant's Printed Full Name

The participant and guardians (as applicable) are choosing to participate in Troop 1 outings and the activities associated with it. I/We acknowledge having read, understand and accept the conditions and issues discussed in the Troop 1 Food and Environmental Allergy and Anaphylaxis Policy.

Initials \_\_\_\_/\_\_\_\_

I/We understand that the Troop 1 overnight outing may have logistical challenges that make state-of-the-art medical care and treatment impossible until evacuation by/to professional medical personnel is effected. This may take an extended period of time and may compromise efforts to treat the medical emergency or have an immediate response, depending on locale.

I/We fully understand the logistical limitations present at the overnight outing and the potential impact of these limitations in the diagnosis, treatment and evacuation by/to professional emergency personnel.

I/We have made the Troop 1 Adult Leader(s) aware in writing of all health and allergy concerns known to me/us and have attached a copy of the required Food Allergy & Anaphylaxis Emergency Care Plan.

The participant and guardians are aware which allergens to avoid and will take the necessary personal responsibility and steps to do so. I/We also understand and accept that it is impossible to predict every allergen that may cause a severe allergic reaction.

I/We understand that the Troop 1 Adult Leader(s) will make every reasonable effort to help the participant avoid exposure to serious allergens but understand that no guarantee can be implied or made to insure that no allergens will be encountered.

I/We understand that it is impossible for any facility or Troop 1 Adult Leader(s) to completely know the content of food prepared at the outing or the commercially prepared and packaged food provided to the participants.

One of the following must be initialed as to agreeing with the statement:

- I/We give my/our consent for my/our son to eat the food prepared at the outing with full knowledge of the potential risks. Initials \_\_\_\_/\_\_\_\_ or
- I/We am/are instructing the Troop 1 Adult Leader(s) to not provide any food to my/our son. I/We will arrange for food to be available to be served to my/our son. I/We will provide specific instructions to the Troop 1 Adult Leader(s) and my/our son regarding how the food will be provided to him. I/We understand that if my/our voluntarily eats food from the outing, that the Troop 1 Adult Leader(s) and participants are not responsible for any serious outcome. Initials \_\_\_\_/\_\_\_\_

I/We agree to hold harmless Troop 1, its Adult Leader(s), volunteer parent(s) and participants in the event that my/our son experiences a serious allergic reaction or life-threatening medical condition beyond the scope of care reasonable at a backwoods, remote location or community.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's, or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's or Legal Guardian's Signature

\_\_\_\_\_  
Date