



**SCOUT PROJECT PERMISSIONS FORM**

*Please list immediately below the names of all child and adult participants for whom you are granting photography and/or emergency treatment permissions.*

*Circle the word "child" below each printed name of a participant who is less than 18 years old.*

\_\_\_\_\_  
PRINT Name of child or adult participant

\_\_\_\_\_  
PRINT Name of child or adult participant

\_\_\_\_\_  
PRINT Name of child or adult participant

\_\_\_\_\_  
PRINT Name of child or adult participant

**SCOUT PROJECT PHOTOGRAPHY RELEASE**

*I grant Winthrop University permission to photograph me and my child {the participants listed above} and to use my/my child's name and image for publicity and archival purposes. This includes use in or on news releases, social media, and the Winthrop website.*

\_\_\_\_\_  
Signature(s) of adult participant(s) or  
Parent/Legal Guardian (for participants less than 18 years old)

\_\_\_\_\_  
Date

**EMERGENCY TREATMENT PERMISSION**

*I grant permission for Troop leaders, emergency personnel, or agents of Winthrop University to provide emergency medical treatment to the participants listed on this form in the event of injury or illness while participating in Scout projects at Winthrop University.*

\_\_\_\_\_  
Signature(s) of adult participant(s) or  
Parent/Legal Guardian (for participants less than 18 years old)

\_\_\_\_\_  
Date

Please provide a name and mobile phone number of an emergency contact:

***On the second page of this form, you may provide insurance, allergies, medical conditions, and other necessary medical information to be used in the event of an emergency.***

*Please return to Scout Projects at Winthrop University  
Attention: Dr. Cheryl Fortner, 134 Kinard Hall, Rock Hill SC 29733*

**List any allergies and medical conditions, and note whether they may impair the individual's ability to participate in these projects:**

Participant's name & age

Participant's name & age

Participant's name & age

Participant's name & age

**Name of your medical insurance company:**

**Name(s) of Insured:**

**Policy Number:**

**Include any other information necessary for medical personnel in event of an emergency:**

Participant's name & age

Participant's name & age

Participant's name & age

Participant's name & age