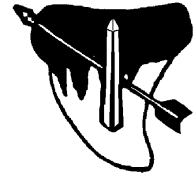


**Registration, Parental Authorization  
& Medical Information Form  
AMANGAMEK- WIPIT LODGE  
FELLOWSHIP and SEMINAR  
March 19-21, 2004  
Mount St. Mary's College, Emmitsburg, MD**



**This form with payment must be  
RECEIVED by Mar 15, 2004, at:**

**Boy Scouts of America  
Order of the Arrow, Attn: Fellowship  
9190 Wisconsin Ave  
Bethesda, MD 20814-3897**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Troop/Team \_\_\_\_\_  
last first initial

Address: \_\_\_\_\_  
Street City State Zip

Chapter: \_\_\_\_\_ Check all that apply:  Youth  Adult  Male  Female

1. ENCLOSED IS MY CHECK for \$28:

Make check out to: **OA/Boy Scouts of America**, mark for: **OA Lodge Fellowship**

**2. PARENTAL AUTHORIZATION**

The Lodge requires the following Parental Authorization for all Scouts/Explorers under 18 years of age.

I \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ a minor,  
in the event of illness occurring to the above named individual during his participation at the Amangamek-Wipit Lodge Fellowship  
and Seminar, do hereby consent in advance to whatever medical procedure or treatment is considered necessary in the best  
judgement of the attending physician. I understand that, in the event of serious illness or injury which is not an emergency,  
reasonable efforts to reach me will be attempted.

Date : \_\_\_\_\_ Signature of Parent or Guardian : \_\_\_\_\_

Home Address : \_\_\_\_\_

Home Phone : \_\_\_\_\_ Work Phone : \_\_\_\_\_

**3. MEDICAL INFORMATION (required for all participants):**

a. Physical Limitations (List) : \_\_\_\_\_

b. Allergies (Bee Sting, Poison Ivy, Food, etc.) : \_\_\_\_\_

c. Any medical conditions which now require medication ? Yes / No (Circle One)

Problem : \_\_\_\_\_

Name of medication : \_\_\_\_\_

Dosage : \_\_\_\_\_

d. Medical Insurance Company : \_\_\_\_\_ Policy # : \_\_\_\_\_

**4. EMERGENCY NOTIFICATION INFORMATION (in case of emergency, please notify):**

Name : \_\_\_\_\_ Relationship : \_\_\_\_\_

Address : \_\_\_\_\_

Phone Numbers : \_\_\_\_\_

Signature if over 18 years of age : \_\_\_\_\_