

## PARENT/GUARDIAN AUTHORIZATION FORM

### Compliance to State Law Authorized use of firearms by a minor

The Mohegan Council adheres to all applicable laws and operates under the governance of BSA National Standards as well as MA State Health Code. As a part of the Boy Scout program the council operates several safe shooting sports ranges for scouts to participate in BB shooting (Cub Scouts), rifle shooting & shotgun (Boy Scouts), and archery (Cub Scouts and Boy Scouts). In order to meet the Mass General Laws Chapter 140 section 130 the council requires parental permission to participate in such activities.

Mass General Laws Chapter 140, Section 130 stipulates the following:

#### Furnishing Child 15 or older with Rifle, Shotgun and Ammunition

“Nothing in this section shall be construed to prohibit an instructor from furnishing rifles or shotguns or ammunition to pupils; provided however that said instructor has the **consent of a parent or guardian of a pupil under the age of 18.**” The pupil must be under the direct supervision of a person (the range instructor) holding a valid Firearms Identification Card or a License to Carry Firearms.

\_\_\_\_\_ I hereby **AUTHORIZE** my child \_\_\_\_\_ to participate in all events during summer camp including (if age appropriate) use of the shooting sports program areas (for rifle and shotgun under supervision of a FID instructor)

\_\_\_\_\_ I **DO NOT AUTHORIZE** my child \_\_\_\_\_ to participate in shooting sports activities. However, my child is authorized to participate in all other events and activities of the camp.

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

### Over the Counter Medications

The following over the counter medications will be available through the health lodge if a Scout becomes ill during camp. Please check the medications your child may be given if needed. Medicine will be administered per package instructions. Please send your child’s own supply of over the counter medicine (in the original container) if they are a normal routine or taken daily.

- |   |  |
|---|--|
| <input type="checkbox"/> Benadryl/antihistamine | <input type="checkbox"/> Eye Drops             |
| <input type="checkbox"/> Decongestant           | <input type="checkbox"/> Swimmers ear solution |
| <input type="checkbox"/> Antacid                | <input type="checkbox"/> Anti-Diarrhea         |
| <input type="checkbox"/> Pepto Bismol           | <input type="checkbox"/> Antibiotic Ointment   |
| <input type="checkbox"/> Tylenol/Acetaminophen  | <input type="checkbox"/> Calamine lotion       |
| <input type="checkbox"/> Motrin/Ibuprofen       | <input type="checkbox"/> Bug Spray             |
| <input type="checkbox"/> Sun Block              | <input type="checkbox"/> After Bite            |
| <input type="checkbox"/> Sun Burn Cream (aloe)  |  |

\_\_\_\_\_ Date: \_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE

Week # \_\_\_\_\_

Pack/Troop# \_\_\_\_\_

DOB: \_\_\_\_\_

Full Name of Scout: \_\_\_\_\_