

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BOY SCOUT ACTIVITY
(Applies to all personnel under the age of 18)

SCOUT (print name): _____

DATE: ____/____/____
MONTH / DAY / YEAR

ADDRESS: _____

DATE OF BIRTH: ____/____/____
MONTH / DAY / YEAR

PHONE: _____

has my permission to participate in: _____

to be held: _____ at: _____
(from-to date) (location)

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

DATE: _____ SIGNED: _____ RELATIONSHIP: _____
(Parent or Guardian)
(Print name): _____
(Parent or Guardian)

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME: (print): _____ PHONE: _____

PHYSICIAN (print): _____ PHONE: _____

MEDICAL INSURANCE INFORMATION: Company or Provider: _____

Policy Number: _____ Company/agent's phone number: _____

- WITHOUT RESTRICTIONS
- SPECIAL CONSIDERATIONS OR RESTRICTIONS: _____

----- ✂ Cut here and keep ✂ -----

ACTIVITY: _____ RETURN DATE: _____

LOCATION: _____ RETURN TIME: _____

EMERGENCY CONTACT: _____ PHONE: _____

SPECIAL INSTRUCTIONS FOR PARENTS: _____