

**PARENT/GUARDIAN CONSENT FORM
FOR A UNIT ACTIVITY, CAMP OR OUTING**

Each youth participant must present a signed permission slip in order to attend

(Circle One) Den/Pack/Troop/Team/Crew # 90
is planning the following activity

Activity Type _____ Location _____

Dates _____ Leader in Charge _____

Leave From _____ Time _____ AM/PM

Return To _____ Time _____ AM/PM

Cost per Youth \$ _____

Items to Bring _____

APPROVAL

Complete, Sign, Copy or Detach and Return by (Date) _____

My son/daughter has permission to attend the Scout trip or activity on (dates) _____

Full Name of Participant _____ Unit Type and Number **Troop 90**

Address _____ City, State, Zip _____

Birthdate (month/date/year) _____ Age During Activity _____

Has approval to participate in (Name of Trip/Activity/Outing) _____

Medications/Restrictions/Special Considerations (if any): _____

Insurance Company _____ Policy Number _____

Physician's Name _____ Phone Number _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for 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 for any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

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 medications 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.

Father/Guardian Signature _____ Date _____

Home/Business Phone _____ Cell Phone _____

Mother/Guardian Signature _____ Date _____

Home/Business Phone _____ Cell Phone _____

Alternate Contact _____ Relationship _____

Home/Business Phone _____ Cell Phone _____