

**PARENT OR GUARDIAN CONSENT AND APPROVAL
FOR SCOUTING ACTIVITIES**

(Applies to all youth participants under the age of 18)

To whom it may concern:

Scout Name: _____

Address: _____

Date of Birth: _____ Home Phone (_____) _____ Cell Phone (_____) _____

Has my permission to participate in : _____

to be held on _____ at: _____
(dates) *(location of activity)*

I approve of the leaders who will be in charge of this activity. In consideration of the benefits derived, I expressly waive all claims against, agree to hold harmless or indemnify Pack 658, BSA Green Mountain Council, BSA National Council, or their representatives on account of any accident, injury, illness or other damage that may occur in connection with, or incident to this trip. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above, unless I have otherwise stated on the reverse side of this form. (Please list also on the reverse side any allergies, unusual health condition, or handicaps, and/or authorized prescribed schedule of medications that this Scout is currently using.)

Date: _____ Signed: _____ Relationship: _____

Print Name: _____

Authorization and Consent to Treat a Minor

In case of an emergency, I understand every effort will be made to contact me. In the event that I cannot be reached, the undersigned does hereby authorize: _____ or such

(Print name of tour leader)

substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medical practice or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is enroute to or from or participating in the above noted activity.

Date: _____ Parent/Guardian Signature: _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name: (print) _____ Phone: _____

Physician: (print) _____ Phone: _____

MEDICAL INSURANCE INFORMATION:

Company or provider: _____ Policy Number: _____

PARENTS: PLEASE REFER TO THE PACK 658 WEBSITE FOR THE LATEST INFORMATION CONCERNING PICK-UP/DROP-OFF TIMES, FEES, AND OTHER PERTINENT INFORMATION REGARDING THIS TRIP!

www.bsapack658.org