Boy Scouts Of America Crew 320 Occoneechee Council

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR BSA ACTIVITY

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

To Whom It May Concern:

Scout (print name): _____

Address: _____

Date Of Birth: _____ Phone: ( ) _____

has my permission to participate in: _____

to be held: _____ (Date) at: _____ (Location)

I approve of the advisors who will be in charge of this activity. I also certify that to the best of my knowledge my son/daughter is physically fit to engage in the activity described above. My son/daughter and I understand the Venturing Oath and Code are the basis for appropriate and safe behavior at any Crew outing or function. If at any time during a Crew outing the Adult Advisors of Crew 320 deem my son's/daughter's behavior inappropriate or unsafe; I will be responsible for his/her transportation home from the outing. I agree to provide a phone number where I may be reached, or designate a responsible relative or adult to transport my son/daughter home should the need ever arise. I also agree to ensure that any fees (event, food, etc.) are paid to the tour leader or other appropriate recipient (e.g. person purchasing food for my venturer).

Date: _____ Signed: _____ (Parent or Guardian) Relationship: _____

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize: _____ (Print name of tour leader)

or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or 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 licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, Scout Camp, or elsewhere.

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

Date: _____ Signed: _____ (Parent or Guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____ Phone: ( ) _____

Alternate Contact: _____ Phone: ( ) _____

Physician: _____ Phone: ( ) _____

Medical Insurance Information:
Company or Provider: _____ Policy No. _____

Place any medications required by your son/daughter in a clear Ziploc bag with his/her name and dosages clearly indicated.

Please list any medical conditions or necessary medications, or other pertinent medical information on the reverse of this form.

This form is to be retained by the tour leader while on the outing.