

# CONSENT FORM

# APPROVAL BY PARENTS OR GUARDIANS

For Boy Scouts, Venturers, and Guests under 21 years of age, participating in a troop, or crew trip or activity

First name of BSA member and middle initial \_\_\_\_\_

Last name \_\_\_\_\_

Address \_\_\_\_\_

Birth date (month/day/year) \_\_\_\_\_

Additional address (need street address if you have a P.O. box) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Area code and telephone no. (parent's business no.) \_\_\_\_\_ Area code & telephone no. (home) \_\_\_\_\_

Phone # I can be reached at during activity (\_\_\_\_\_) \_\_\_\_\_

Activity/outing/trip, etc.	Date (s)	Father/Mother/Guardian Signature	Date
Mt. St. Helena ROTB	Aug 19-20		
Half Moon Bay Ocean	Sep. 15-17		
BAOC Orientation Briones	Oct. 21-22		
Castle Rock Climbing	Nov. 18-19		
Henry Coe Backpacking	Dec. 9-10		
Soda Springs Winter Sports	Jan. 19-21		
Joshua Tree/Channel Islands?	Feb. 17-21		
Big Basin Backpacking	Mar. 17-18		

## PARENTS OR GUARDIANS

(Please read all the statements before giving approval for participation in the activity listed above.) I hereby approve and agree to all of the terms, conditions, and waiver of claims of this consent form and certify to its correctness. Further, I agree that this BSA youth member or guest can meet the health and physical fitness requirements of the trip or activity.

## MEDICAL RELEASE

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted. In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

Insurance Company \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Physician Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
 Special Medication required? Yes \_\_\_ No \_\_\_  
 Special medical condition?(eg recovering injury, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Early Release

In the event that the scout needs to return early, he will need parental permission **prior** to the outing, unless of an emergency. "I give permission for my son to leave the outing early. I understand that he may not credit for the outing if he fails to participate in the main activities at the outing. Outing that needs early pick is \_\_\_\_\_. He will be picked up on \_\_\_\_\_ (date) at \_\_\_\_\_ (time) by \_\_\_\_\_ (name & relationship to scout). He needs to leave early for \_\_\_\_\_ (state reason.)"

Signed by: \_\_\_\_\_ Father or Mother or Guardian Signature Date: \_\_\_\_\_