

TRIP NAME: _____ DATE(S): _____

PARENT'S CONSENT & EMERGENCY FORM

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational organization, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety and well being of my son(s) _____ during this activity or trip, I hereby agree to his (their) participation and waive all claims against the leaders of this activity or trip and officers, agents, and representatives of the Boy Scouts of America.

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Unit Leader, _____ or his designee _____ to hospitalize, secure proper treatment for, and order injections, medications, anesthesia, or surgery for my child named above. If I cannot be reached at either of the telephone numbers below, call _____ at _____.

Date of last tetanus shot: _____

Signed _____ Date: _____
(Parent or legal guardian)

Address: _____

Telephone: (Home) _____ (Work) _____