CONSENT FORM
APPROVAL BY PARENTS OR GUARDIANS

(For Tiger Cubs, Cub Scouts, Webelos, Boy Scouts, Varsity Scouts, Venturers, and Guests under 21 years of age, participating in a den, pack, team, troop, or crew trip or activity.)

First name of BSA member/guest 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 number (parent's business)

( ) _____ Area code and telephone number (home)

APPROVAL

(If two parents/guardians, both need to sign.)

FOR: _____ ON _____
(Name of activity, outing, trip, etc.)

Father/Guardian Signature _____ Date _____

_____
(Father/Guardian - Please print name)

Mother/Guardian Signature _____ Date _____

_____
(Mother/Guardian - Please print name)

PARENTS OR GUARDIANS

(Please read all the statements on this page 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. I understand that participation in this activity involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate.

Medical Release

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 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.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company _____

Policy No. _____

Physician _____

Physician Telephone No. ( ) _____