

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 PO Box)

City

State

Zip

(_____) _____
Parent's work: Area code and telephone no.

(_____) _____
Parent's home: Area code and telephone no.

APPROVAL

(if two parents/guardians, both need to sign)

FOR: _____ **ON:** _____
(name of activity, orientation flight, outing, trip, etc.) (date(s))

Father/Guardian Signature _____ **Date** _____

Mother/Guardian Signature _____ **Date** _____

PARENTS OR GUARDIANS

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

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.

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

Insurance company: _____

Policy number: _____

Physician name: _____

Physician number: (_____) _____