

Annual Parent Consent Form for Unit _____

I/We, _____, do hereby give consent for _____
(Parent(s)/Guardian name) (Scout's name)
to participate in all Unit activities for the calendar year _____, effective _____

This includes permission to participate on all unit activities including those that are held at other than the regularly appointed meeting site. I/We understand that these activities can include but are not limited to the use of BB guns, bows and arrows, water activities, climbing walls/rocks and/or cave climbing. Activities may include firearms, throwing tomahawks and knives. Should I/We choose not to have my/our adolescent/ward participate in any part of an activity (i.e. swimming activity on a camping trip or any other activity), I/We agree to inform the Unit Leader in writing prior to the activity.

This authorization will remain in effect for said minor while is participating in any unit program or activity unless revoked in writing by the undersigned and said revocations personally delivered to the Unit Leader. I/We understand that it is my/our responsibility to inform the Scoutmaster of any current medical concern(s) not listed on the unit medical forms (i.e. ear infections, sinus infection, strained/pulled muscle, current or new medications etc.) prior to an event.

In consideration of the benefits to be delivered, and in view of the fact that the Boy Scouts of America is an educational organization, membership is voluntary, and having full confidence that every precaution will be taken to insure the safety and well being of my/our sons/ward during participation in the activities unless I/we notify the Unit Leader in WRITING prior to the activity.

I/We, the undersigned, parent or guardian of a minor, do hereby authorize the ADULT LEADER(S) IN CHARGE AS AGENT(S) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which deemed advisable by, and is to be rendered by or under the general or special supervision of any physician and/or surgeon licensed under the Medical Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority on the part of aforesaid agent for treatment deemed advisable. Adult Leader(s) will make every effort to contact the Parent(s) or Guardian as soon as possible.

In case of an accident or illness and medical attention is required for my/our adolescent /ward, it should be obtained and I/we accept full responsibility for all expenses incurred. I/we waive all claims against the leaders of these activities or trips and officers, agents, and representatives of the Boy Scout of America.

NAME(S) _____

Printed parent(s) or guardian

SIGNED _____

DATE _____ TELEPHONE _____

WITNESSED BY _____