

**PARENT/GUARDIAN CONSENT FORM  
FOR ANNUAL SCOUTING PARTICIPATION**

**2009-2010**

**My son/daughter has permission to attend the Scout activities and meetings of  
Pack 421, chartered by Elks Lodge #2045, Corona, California**

This authorization shall remain effective until replaced or revoked in writing

Full Name of Participant \_\_\_\_\_ Birthdate (month/date/year) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Medications/Restrictions/Special Considerations (if any): \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**HOLD HARMLESS AGREEMENT**

I understand that participation in the activity involved a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity for any and all claims or liability arising out of this participation.

**MEDICAL TREATMENT RELEASE**

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

**EMERGENCY CONTACT INFORMATION AND SIGNATURES**

Father/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home/Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

