

## PARENTAL CONSENT FORM 2016

Please complete a separate form for each Scout. Every Scout coming to camp must have completed this form.

Scout Name: \_\_\_\_\_ Week: \_\_\_\_\_

Unit: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age at camp: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone (include area code): \_\_\_\_\_ Email: \_\_\_\_\_

I understand that participation in the various sessions and all other on off-site programs offered through the Occoneechee Council, BSA summer camp program provides benefits to be derived by its participants. After carefully considering the risk involved in these activities, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my scout, I hereby give my consent for my son/daughter

\_\_\_\_\_  
(Please print name of son/daughter)

to participate in the aforementioned selected activities. I waive all claims I may have against the Boy Scouts of America, Occoneechee Council BSA, activity coordinator(s), and all employees, volunteers or sponsors associated with the aforementioned activities.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

*This form must have the signatures of both the participant and a parent (or guardian).*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Day Phone: \_\_\_\_\_