

**ERIE SHORES COUNCIL**

**BOY SCOUTS OF AMERICA**

**UNIT** \_\_\_\_\_

**PARENTS/GUARDIAN CONSENT TO ACTIVITIES/TRIPS**

I hereby consent to my son, or daughter, participating in the activity, or trip, identified and waive all claims against the Unit's leaders and/or against the officers, employees, agents and representatives of the Erie Shores Council of the Boy Scouts of America in connection with any occurrence in the course of this activity or trip.

In the event my son, or daughter, should require medical attention and/or treatment during the course of this activity, or trip, and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner; I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by an adult leader of the activity, or trip, to undertake any form of medical treatment considered necessary or appropriate by such provider in such an event.

Activity: \_\_\_\_\_

Date of Activity: \_\_\_\_\_

Name of Son or Daughter: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

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

City / State / Zip Code: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ (alternate phone #)

Health Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

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

Neighbor or Relative to call in an emergency? \_\_\_\_\_

Relationship: \_\_\_\_\_

Neighbor/Relative Phone #: \_\_\_\_\_

This slip must be turned in before the Unit leaves for the outing