

# MERIT BADGE OFF SITE TRAVEL PERMISSION SLIP OR PARENTAL INFORMED CONSENT AGREEMENT

Scoutmasters please make copies of this form and distribute to the scouts in your unit taking the noted Merit Badges.  
Scouts taking the noted Merit Badges must have this form filled out and signed by parents / guardians in-order to participate in the Merit Badge.  
Scouts must turn-in this form in when you arrive for the clinic during check-in / registration at Chippewa Falls on 3/27 before 9 am.

**I understand that participation in the Glaciers End Merit Badge Clinic \*Off Site locations being offered through the Glaciers End District, Chippewa Valley Council, Boy Scouts of America on March 27, 2010 involves a certain degree of risk that could result in injury or death.**

\*Off Site is defined as outside the Our Saviors Lutheran property grounds between 9am and 4pm on 3/27/10.  
**In consideration of the benefits to be derived and after carefully considering the risk involved, 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 son, I have given;**

\_\_\_\_\_   
Print Scouts Full Name Troop #

**My consent to participate in the following Activities(s) Merit Badge(s);**

Please circle only those that apply

**Engineering**

**In case of emergency, I understand 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 / merit badge counselor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. This form must have both parent/guardian signatures. (if applicable)**

\_\_\_\_\_   
Parent #1 Printed Full Name

\_\_\_\_\_   
Parent #1 Signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Parent #2 Printed Full Name

\_\_\_\_\_   
Parent #2 Signature

\_\_\_\_\_   
Date

**Phone numbers in case of emergency;**

**Home** \_\_\_\_\_

**Business** \_\_\_\_\_ (If applicable day of clinic)

**Cell Phone** \_\_\_\_\_

**Other** \_\_\_\_\_

Scoutmaster \_\_\_\_\_ Phone Number \_\_\_\_\_ Troop # \_\_\_\_\_