

## PARENTAL INFORMED CONSENT AGREEMENT

I understand that participation in the \_\_\_\_\_ (activity) offered through Pack, Troop, or Crew \_\_\_\_\_ of the Chippewa Valley Council, BSA, on \_\_\_\_\_ (date) involves a certain degree of risk that could result in injury or death. 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/daughter), I have given \_\_\_\_\_ (son/daughter) my consent to participate in \_\_\_\_\_ (activity) on \_\_\_\_\_ (date).

In case of emergency, I understand every effort will be made to contact me. In that 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 both parent/guardian signatures. (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Phone numbers to call in case of an emergency

Home \_\_\_\_\_

Business \_\_\_\_\_

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

Other \_\_\_\_\_