

ERIE SHORES COUNCIL – BOY SCOUTS OF AMERICA

**PARENTS' CONSENT TO ACTIVITY OR TRIP**

**This form is mandatory and must be turned in at final registration.**

I hereby consent to my son's participation in the activity or trip identified below and waives all claims against its 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 event my son 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 event.

Troop 104 Pioneer Scout Reservation CamporAll October 5-7, 2018

(Activity or Trip)

(Date of Activity or Trip)

\_\_\_\_\_  
(Name of son)

\_\_\_\_\_  
(Name of parent/guardian signing below)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Home Telephone)

\_\_\_\_\_  
(Work Telephone)

\_\_\_\_\_  
(Cell Telephone)

\_\_\_\_\_  
(Health Insurance Company)

\_\_\_\_\_  
(Policy or Group Number)

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

S:bsaadmin