

Troop 513 Informed Consent Agreement

I (We) _____ hereby give my (our) permission for
(parents'/guardian name)

_____ to participate in all activities during the
(scouts' name)

Troop outing on _____.
(dates)

If a medical emergency arises for the scout named above during this outing,

I (we) give my (our) permission for adult leaders to seek immediate professional medical assistance, realizing I (we) will be contacted promptly at the phone number(s) provided below.

I also understand and agree that I (we) am (are) responsible for any fees associated with the participation of the scout named above on this outing such as patrol supplies, campsite fees, and fuel surcharge.

Father's name (please print)

Mother's name (please print)

Signature (required)

Signature (required)

Date

Date

Contact Number

Contact Number