



Pack 241

Parent/Guardian Consent Form



My son/daughter has permission to attend the Scout activities and meetings of Cub Scout Pack 241 – Albuquerque, NM. This authorization shall remain effective until replaced or revoked in writing.

Participant Name: _____

Birthdate: _____

Street Address: _____

City, State, and Zip Code: _____

Medications, Restrictions, and
other Special Considerations:

Insurance Company: _____

Policy #: _____

Physician's Name: _____

Phone Number: _____

Hold Harmless Agreement

I understand that participation in Scouting activities involves a certain degree of risk. I have carefully considered the risk involved and have given consent for my child to participate in Scouting activities. I understand that participation in these activities is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with these activities for any and all claims or liability arising out of this participation.

Medical Treatment Release

In case of emergency involving my child, I understand every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.



BOY SCOUTS OF AMERICA®



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Parent/Guardian Consent Form



Emergency Contact Information and Signatures

Father/Guardian (Print):

Father/Guardian (Signature):

Date:

Home/Business Phone:

Cell Phone:

Mother/Guardian (Print):

Mother/Guardian (Signature):

Date:

Home/Business Phone:

Cell Phone:

Emergency Contact #1 (Print):

Relationship:

Home/Business Phone:

Cell Phone:

Emergency Contact #2 (Print):

Relationship:

Home/Business Phone:

Cell Phone:

