

Louisiana Purchase Council

Boy Scouts of America

Parent Consent Form

Pack, Troop, Crew Unit Number: _____

Activity: _____

Date: _____ Tour Leader: _____

I certify that I am the parent or legal guardian of the participant listed below, and I give my consent for my son to participate in the activity listed below.

Parent/Guardian Name: _____

Signature: _____

Youth Participant: _____

Emergency Contact Person: _____

Emergency Phone : H _____ B: _____

Cellular or Pager: _____

Permission to Treat Statement:

In case of emergency, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). In the event I can't 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 (or for me, if an adult).

Date: _____ Signature of parent or guardian _____