

Webelos Campout Consent Form

I give permission for my son _____ to attend Troop 70's

Webelos campout at the following location _____

near _____ TX.

date _____

with _____ acting as his guardian.

Special Instructions:

My son will **not** share a tent at this campout with the **guardian** listed above.

Current Medications and/or Medical Conditions (including allergies):

In the event my son has a **medical emergency** while participating in this campout, I authorize emergency medical treatment of my son by a licensed health-care practitioner selected by the guardian listed above or the adult leader(s) in charge. These adults have my permission to secure proper treatment for my son, including hospitalization, anesthesia, surgery or injections of medication. I understand reasonable efforts will be made to contact me (or my son's other parent).

I accept full responsibility for any and all payments and/or co-payments and will promptly follow up on any and all insurance forms, procedures and payments to ensure the adult who attended the treatment of my son is relieved from any potential financial liability.

Parent Signature _____ Date _____

Parent Name (Please Print) _____

Phone Numbers: Home _____ Cell _____ Work _____

Other Parent Name (Please Print) _____

Phone Numbers: Home _____ Cell _____ Work _____

Doctor (Please Print) _____ Phone _____

Insurance Company & ID number _____

Parent should give guardian a current copy of scout's insurance card and immunization record. This information may be needed during medical emergencies.