ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN

TROOP 892, FLEMING ISLAND, FLORIDA

The recommended use of this form is for the consent and approval for Cub Scouts, Boy Scouts, Varsity Scouts, Venturers, and guests to participate in trips, expeditions, or activities. It is required for use with flying plans.

First name of participant _____ Middle initial _____ Last name _____

Date of birth (month / day / year) _____ / _____ / _____

Address _____

City _____ State FLORIDA Zip _____

Has approval to participate in:

- Campout, Clay Sports Council Fundraiser
- Campout, Water Sports, Echockotee
- NASJAX Air show
- Campout, Crossover, Camp Blanding
- Campout, Camporee, Black Creek
- Campout, Florida Trails
- Campout, USS Yorktown
- Campout, Merit Badge Fair
- Campout, Suwannee River Conoeing trip
- Campout, Camporee, Council
- Campout, Key Largo
- Summer Camp, TBD
- Various Troop & Patrol meetings, service projects, and fundraisers
- Various Order of the Arrow meetings, campouts and service projects

INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for

Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes 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.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.

NOTE: The Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: _____ ☐ None

Participant's signature _____ Date _____

Parent/guardian printed name _____ Parent/guardian signature _____ Date _____

Area code and telephone _____ Parent/guardian signature _____

Contact the adult leader with any questions:

Craig Marks, Scoutmaster, 262.757.8869, craigmarksii@gmail.com
Sandy White, Committee Chair, 904.759.1019, 69whitesls@gmail.com

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