

BOY SCOUT TROOP 850

PARENTAL PERMISSION TO PARTICIPATE IN ACTIVITY AND EMERGENCY MEDICAL AUTHORIZATION

Note: This form signed by a parent or legal guardian must be returned to the Troop in order for the Scout to participate.

I (print name) _____ hereby authorize my son (print name) _____ to participate in the following activity sponsored by Boy Scout Troop 850:

Type: **Camporee William Henry Harrison – Camp Michaels**

Date: **October 8-10 2021**

TURN IN DEADLINE: Oct 5th, 2021

Cost: **\$35 per person**

Departure Place and Time: **5:30 Friday, Oct 8, 2021**

Place and Time: **APROX 10AM Sunday, Oct 10, 2021**

Adult Leaders: **TBD**

I understand that the Troop will observe all applicable health and safety requirements and procedures during this event (including but not limited to those related to COVID19) and acknowledge that all participants (youth and adult) will also be required to comply with all such requirements and procedures. I also acknowledge and understand that there can be no assurance that such requirements and procedures will necessarily be effective in preventing accidents, injuries or illness (including but not limited to COVID19) and the Troop, its leaders, St. Ignatius or Dan Beard Council will not be responsible or liable for any accidents, injuries or illness (including but not limited to COVID19) any participant may experience during or following the event.

I also hereby authorize the above-named adult leaders to secure any necessary emergency medical treatment for my son in the event I cannot be reached in an emergency and in connection therewith appoint such adult leaders, and each of them, as my attorneys-in-fact to execute in my name and stead such consents, waivers, forms or other documents which may be necessary to secure such medical treatment. My son is covered by the following health insurance:

Name of Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____ Phone No. _____