

Troop 135, Franklin, TN
Generic Parental Consent Form

I understand that participation in the _____(activity) on _____ (dates) involves a certain degree of risk that could result in injury or even death. While this is unlikely, a risk always exists.

After carefully considering the risk involved and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter), I have carefully considered the risk involved and have given _____(name(s) of son/daughter) my consent to participate in _____(activity), and waive all claims I may have against the Boy Scouts of America, activity coordinators, all employees, volunteers, or other organizations associated with this _____ (activity).

In case of emergency, I understand every effort will be made to contact me. In the event I cannot 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 medication for my child.

This form must have signatures of both parents or guardians (if applicable).

Signature

Date

Contact Numbers: Name and # _____; Name and # _____
Other if you think it is needed.

Name of personal physician/practice _____
Telephone _____

Personal health/accident insurance carrier _____
Subscriber Name: _____ Policy No. _____

*Used by Scout parents on non-approved Activities (Snow skiing, Spelunking Etc.)
Used by Parents of Non-Scouts in every tour or activity.*