

**CONSENT FORM**  
**APPROVAL BY PARENTS OR GUARDIANS**

(For Tiger Cubs, Cub Scouts, Webelos, Boy Scouts, Varsity Scouts, Venturers, and Guests under 21 years of age, participating in a den, pack, team, troop, or crew trip or activity)

\_\_\_\_\_  
First name of BSA member/guest and middle initial Last name

\_\_\_\_\_  
Address Birth date (month/day/year)

\_\_\_\_\_  
Additional address (need street address if you have a P.O. box)

\_\_\_\_\_  
City State Zip

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Area code and telephone No. (parent's business) Area code and telephone No. (home)

**APPROVAL**

(If two parents/guardians, both need to sign.)

**FOR:** \_\_\_\_\_ **ON** \_\_\_\_\_  
(Name of activity, orientation flight, outing, trip, etc.) (Date(s))

**Father/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Mother/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENTS OR GUARDIANS**

(Please read all the statements on both pages before giving approval for participation in the activity listed above.)

I hereby approve and agree to all of the terms, conditions, and waiver of claims of this CONSENT FORM and certify to its correctness. Further, I agree that this BSA youth member or guest can meet the health and physical fitness requirements of the trip or activity.

**Medical Release**

In the event of illness or injury occurring to my son or daughter while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services.

It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Insurance company \_\_\_\_\_

Policy No. \_\_\_\_\_

Physician \_\_\_\_\_

Telephone No. ( ) \_\_\_\_\_  
Physician