**Order Of The Arrow**

**Amangamek Wipit Lodge 470**

**Potomac Chapter**

# Spring Ordeal Consent Form

**PLEASE PRINT VERY CLEARLY!**

**Name** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Troop** :\_\_\_\_\_\_ **Date of Birth** :\_\_\_\_\_\_\_\_\_\_\_\_

AUTHORIZATION AND CONSENT:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent / guardian (or self, if adult over 18) of the above named member of Scouts BSA, in the event of accident or illness occurring to the above named individual during their participation in the Potomac Chapter, Order of the Arrow Spring Ordeal at the Butler Montessori School in Darnstown on **April 3-5, 2020**, do hereby consent in advance to whatever medical procedure or treatment is considered necessary in the best judgment of the attending physician/medical personnel. If the above named is a minor, I understand that in the event of serious illness or injury which is not an emergency, reasonable efforts will be made to reach me (or the emergency contact if not a minor).

**Date**: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Signature of Parent / Guardian (Scouter over 18 may sign for him/herself)**

**Permission Form to be turned in Friday night, at registration.**

I hereby give my permission for

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Please print Scouts' name.** (Candidate or Arrowman name)

to be transported to and from work sites, by a driver 21 or over, while attending the Order of the Arrow Ordeal.

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 Parent or Guardian signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian print name relationship to candidate