

Three Fires Council 2019-2020 Okpik Cold Weather Camping Course Activity Consent

Regulations require that adult leaders must be present during the entire Scout activity.

Signatures required at (2) Xs. My child, _____, has my permission to attend the **2019-2020 Okpik Cold Weather Camping Course**. I am familiar with the details of this activity. I will be certain that my child does not go if not in good physical condition and good health. In consideration of the services donated by others, I will hold free from all liability, in case of accident or illness, Three Fires Council BSA of St. Charles, IL. I further understand and agree that any serious infraction(s) of camp rules by my child could result in dismissal from the aforementioned activity. Return transportation under such circumstances will be my responsibility.

During this activity I can be reached at (location) _____

Phone # _____ Alternate Phone # _____

Additional contact in case of emergency:

Name _____ Phone # _____

Date _____ **Signed (X)** _____

Parent or Guardian

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor _____ Relationship _____

The dates when this release is intended are **January 18, 2020 and February 7 and 8, 2020**.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date _____ **Signed (X)** _____

Parent or Guardian

Address _____ Phone # _____

Family Physician _____ Phone # _____

Please list specific medical allergies, chronic illnesses, or other conditions (add pages if necessary):