



S.C.O.P.E. North
9507 N. Division Suite E
Spokane, WA. 99218

Consent to Participate:

I, _____, parent/guardian, consent for my child _____,

To participate in the S.C.O.P.E. Operation Family Identification (OFID) program.

This will involve the scout being photographed and giving fingerprints to be placed on a card which will be given to the parent (s) or guardian. This information could be used by law enforcement in the event the child gets lost or goes missing. None of this information is retained by Scouting or S.C.O.P.E.

Signature

Date