**MERIT BADGE OFF SITE TRAVEL PERMISSION SLIP**

**OR**

**PARENTAL INFORMED CONSENT AGREEMENT**

**I understand that participation in the Clear Water Merit Badge Clinic \*Off Site**

**locations being offered through the Clear Water District, Chippewa Valley Council, Boy Scouts of America on November 2, 2024 involves a certain degree of risk that could result in injury or death.**

\*Off Site is defined as outside the Chippewa Valley Technical School-Manufacturing Education Center property grounds between 9am and 4pm on 11/2/2024.

**In consideration of the benefits to be derived and 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 youth, I have given;**

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

Print Scouts Full Name Troop #

**My consent to participate in the following Activities(s) Merit Badge(s);**

Please circle only those that apply

**Chemistry**

**Rifle Shooting
Truck Transportation**

**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 / merit badge counselor in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. This form must have both parent/guardian signatures. (if applicable)**

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Parent #1 Printed Full Name Parent #1 Signature Date

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

Parent #2 Printed Full Name Parent #2 Signature Date

**Phone numbers in case of emergency;**

**Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (If applicable day of clinic)

**Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**