

MERIT BADGE OFF SITE TRAVEL PERMISSION SLIP
OR
PARENTAL INFORMED CONSENT AGREEMENT

I understand that participation in the Timber Rivers Merit Badge Clinic *Off Site locations being offered through the Timber Rivers, Chippewa Valley Council, Boy Scouts of America on February 15, 2025, involves a certain degree of risk that could result in injury or death.

*Off Site is defined as outside the Elk Mound High School property grounds between 9am and 4pm on 2/15/2025.

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;

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

Please circle only those that apply

Farm Mechanics

Railroading

Shotgun Shooting

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)

Phone numbers in case of emergency;

Home _____

Business _____ (If applicable day of clinic)

Cell Phone _____

Other _____