SCOUTS CANADA

PARENT/GUARDIAN CONSENT FORM FOR TOURS, VISITS & FUNDRAISERS

(NOT for use for Camping/Outdoor Activities)

Note: If applicant is under 18, parent or guardian must sign.

Event/Activity: _____

Location: _____ Date: _____

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the Leader in charge or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

I have reviewed the information on my child/ward s physical fitness form and confirm that the information is up to date.

PERMISSION TO PARTICIPATE
I, the undersigned, after having read and understand the above, hereby give my permission for my child/ward to attend and participate in this activity/event.

Youth s Name	Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Emergency Contact Name & Phone Number