



ŠATRIJA & RAMBYNAS

PARENT / GUARDIAN CONSENT FORM

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



Youth's Name: _____ Phone: () _____

Address: City: _____

Province: Postal Code: _____

Parent/Guardian Name: _____

MEDICAL ATTENTION RELEASE: 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.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE ACTIVITY PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE WHERE YOU CAN BE CONTACTED:

Name: _____ Phone: () _____

Address: City: _____

Province: Postal Code: _____

OR I will attend the event / activity with my child/ward.

PERMISSION TO PARTICIPATE:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child / ward to attend and participate in:

the following event/activity: _____

at the following location: _____

with the following Leader in charge: _____

on the following date: _____

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S / WARD'S PHYSICAL FITNESS FORM AND CONFIRM THE INFORMATION IS UP TO DATE.

SIGNED, PARENT / GUARDIAN: _____ DATE: _____

FOR OUT-OF-COUNTRY TRAVEL ONLY

SIGNED, PARENT / GUARDIAN _____ DATE: _____

****SIGNATURE OF SECOND PARENT/GUARDIAN REQUIRED FOR OUT-OF-COUNTRY TRAVEL.**

1. Signed before me, _____ (NAME OF WITNESS), this _____ (DATE)

by _____ (PARENT/GUARDIAN'S NAME) at _____ (NAME OF LOCATION)

WITNESS SIGNATURE: _____

2. Signed before me, _____ (NAME OF WITNESS), this _____ (DATE)

by _____ (PARENT/GUARDIAN'S NAME) at _____ (NAME OF LOCATION)

WITNESS SIGNATURE: _____