

# Troop 23 Consent Form – 2024-2025

**Due October 21, 2024**

**Scout's Name:** \_\_\_\_\_  
has my approval to participate in all Scouting-related activities offered by Troop 23 from **September 1, 2024 through December 31, 2025**, specifically meetings, summer camp, campouts, hikes, water sports, service projects, special events and other Troop activities. This includes, but is not limited to, all 2024-2025 campouts, Klondike Derby, Scout Sunday, Troop Swim, Shooting Sports, Memorial Day Parade, Wilderness Survival, and any other campout or event.

- without restrictions  
 with these special considerations or restrictions

## **Emergency Contact Information:**

Father's Name: \_\_\_\_\_  
Father's Email: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Mother's Email: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_  
Scout's Email: \_\_\_\_\_  
Does your Scout have a Cell Phone?  yes  no. If yes, Scout's Cell Phone Number: \_\_\_\_\_

### **Informed Consent, Release Agreement, and Authorization**

I understand that participation in Scouting activities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue, activity coordinators, or your local council. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving me or my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me or my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(If applicable) I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any BSA volunteers or professionals who need to know of medical conditions that may require special consideration in conducting Scouting activities.

**With appreciation of the dangers and risks associated with programs and activities, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity.**

I also hereby assign and grant to the local council and the Boy Scouts of America, as well as their authorized representatives, the right and permission to use and publish the photographs/film/ videotapes/electronic representations and/or sound recordings made of me or my child at all Scouting activities, and I hereby release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the BSA, and I specifically waive any right to any compensation I may have for any of the foregoing.

*Every person who furnishes any BB device to any minor, without the express or implied permission of the parent or legal guardian of the minor, is guilty of a misdemeanor. (California Penal Code Section 19915[a]) My signature below on this form indicates my permission.*

Checking this box indicates you DO NOT want your child to use a BB device.

**NOTE: Due to the nature of programs and activities, the Boy Scouts of America and local councils cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities above.**

Parent's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

### **Troop use only**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Date Contact Info. Checked Against Troop Records: \_\_\_\_\_ Corrections/updates needed?  Yes  No