



Parent/Guardian Consent Form

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

Youth's Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Parent/Guardian Name: _____

Residents of all Provinces/Territories except Quebec:

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.

Residents of Quebec:

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. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. 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 PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE WHERE YOU CAN BE CONTACTED:

Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Permission to participate:

I the undersigned, after having read, understood and completed the above, hereby give my permission for my child/ward to attend and participate in:

the following event/activity: _____

at the following location: _____

on the following date: _____

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

Signed, Parent/Guardian: _____ **Date:** _____