

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

Scoutmasters please make copies of this form and distribute to the scouts in your unit taking the noted Merit Badges.
Scouts taking the noted Merit Badges must have this form filled out and signed by parents / guardians in-order to participate in the Merit Badge.
Scouts must turn-in this form in when you arrive for the clinic during check-in / registration at Eau Claire on 10/15/11.

I understand that participation in the Clear Water Merit Badge Clinic *Off Site locations being offered through the Clear Water District, Chippewa Valley Council, Boy Scouts of America on October 15, 2011 involves a certain degree of risk that could result in injury or death.

*Off Site is defined as outside the St. John's Lutheran property grounds
between 9am and 4pm on 10/16/2011.

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 son, I have given;

Print Scouts Full Name Troop #

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

Geocaching

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)

Parent #1 Printed Full Name

Parent #1 Signature

Date

Parent #2 Printed Full Name

Parent #2 Signature

Date

Phone numbers in case of emergency;

Home _____

Business _____ (If applicable day of clinic)

Cell Phone _____

Other _____

Scoutmaster _____ Phone Number _____ Troop # _____