

Scouts Canada Parent/Guardian Consent Form

(to be filed with Camping/Outdoor Activity Form)

Youth's Name:	Note: If applicant is under 18, parent or guardian must sign.		
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 I 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: Phone: Phone: Phone: 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 location: with the following Leader in charge: on the following Leader in charge: 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: Signed, Parent Guardian: Signed Perent Guardian: Signed before me, (parent/guardian's name) at (name of locatio (mame of locatio) (mame of locatio)	Youth's Na	me: Phone:	
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 I 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: Phone: Phone: Phone: 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 location: with the following Leader in charge: on the following Leader in charge: 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: Signed, Parent Guardian: Signed Perent Guardian: Signed before me, (parent/guardian's name) at (name of locatio (mame of locatio) (mame of locatio)	Address:	City:	
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 I 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: Phone: Phone: Phone: 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 location: with the following Leader in charge: on the following Leader in charge: 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: Signed, Parent Guardian: Signed Perent Guardian: Signed before me, (parent/guardian's name) at (name of locatio (mame of locatio) (mame of locatio)	Province:	Postal Code:	
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 I of article I 3 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: City: Phone: City: Phone: City: and Phone: City: and Phone: City: and City. 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 beader in charge: on the following date: the following location: at the following date: for out-of-country travel. 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:	Parent/Guar	rdian Name:	
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: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Phone: Postal Code: Phone: Phone	Experience himmediate su arrangements	has shown that in connection with Scouting activities there are times when illness or accident may occur and argical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make s for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity	
THE EVENT IS BEING HELD, PLEASE INDICATE WHERE YOU CAN BE CONTACTED: Name:	Experience himmediate su his/her integral without my of	has shown that in connection with Scouting activities there are times when illness or accident may occur and argical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or rity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child consent, as contemplated in paragraph 1 of article 13 of the <i>Civil Code of Quebec</i> . I understand that I will be	
Address:	THE EVEN	T IS BEING HELD, PLEASE INDICATE WHERE YOU CAN BE CONTACTED:	
Province:	Address:	City:	
OR	Province:	Postal Code:	
□ at the following location: □ with the following Leader in charge: □ on the following date: □ thave 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: □ FOR OUT-OF-COUNTRY TRAVEL ONLY Signed, Parent Guardian: □ Date: □ Signature of second parent required for out-of-country travel. □ Signed before me, □ (name of witness), this □ (date) □ (parent/guardian's name) at □ (name of location of locatio	Permissi I the under	on to participate: signed, having read, understood and completed the above, and having been briefed regarding the	
□ 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 THAT THE INFORMATION IS UP TO DATE. Signed, Parent/Guardian: □ Date: Signed, Parent Guardian: Date: Signature of second parent required for out-of-country travel. Signed before me,	\Box the	following event/activity:	
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:	□ at tl	he 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:	□ witl	h the following Leader in charge:	
FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE. Signed, Parent/Guardian:	□ on t		
FOR OUT-OF-COUNTRY TRAVEL ONLY Signed, Parent Guardian: Date: Signature of second parent required for out-of-country travel. . Signed before me, (name of witness), this (date) y (parent/guardian's name) at (name of location) y (name of witness), this (date) y (parent/guardian's name) at (name of location)	FORM AN	ID CONFIRM THAT THE INFORMATION IS UP TO DATE.	
Signature of second parent required for out-of-country travel. Signature of second parent required for out-of-country travel. Signed before me, (name of witness), this (date) Vitness Signature: Signed before me, (name of witness), this (date) (parent/guardian's name) at (name of location)	Signed, Par	rent/Guardian: Date:	
ly (parent/guardian's name) at (name of location	Signature of Signed be Signed be	ent Guardian: Date: f second parent required for out-of-country travel. efore me, (name of witness), this (date) (parent/guardian's name) at (name of location)	
ly (parent/guardian's name) at (name of location	Vitness Sign 2. Signed by	ature:efore me(date)	
)y	(name of location	

B.P.&P., Section 20000 September 2004