

# ST. GEORGE PATHFINDERS OF AMERICA

## NATIONAL CAPITAL AREA CHAPTER



### PARENTAL CONSENT FORM FOR MEDICAL/SURGICAL CARE

Name of Scout: \_\_\_\_\_

Birth date (month/day/year) \_\_\_/\_\_\_/\_\_\_ Age during activity \_\_\_\_\_

Address \_\_\_\_\_  
(need street address if you have a P.O. box)

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in \_\_\_\_\_  
(Name of activity, outing trip, etc.)

From \_\_\_\_\_ to \_\_\_\_\_

#### **The following medical insurance is presently in force for my/our son/daughter:**

Name of Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

**PLEASE ATTACH COPY OF INSURANCE CARD!**

#### EMERGENCY CONTACT INFORMATION:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

#### **Hold Harmless Agreement**

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Saint George Pathfinders, the local council, the activity coordinators, and all volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge 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.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian printed name \_\_\_\_\_