

Parental Informed Consent Agreement for Climbing, Rappelling, and Caving

Youth Name: _____

I understand that participation in the climbing activity offered through Boy Scout Troop 116 and Boy Scouts of America involves a certain degree of risk that could potentially result in injury or death. 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 my son my consent to participate in the following activities during the trip described below. (Check all that apply)

Top-Rope Climbing Rappelling Caving

_____ Date(s) of Trip

_____ Location of Trip

My son has permission to participate in climbing activities: _____ Yes _____ No (*please initial*)

MEDICAL INFORMATION AND EMERGENCY RELEASE:

Health Concerns: Check if subject to the following. Write in any health concerns not listed below.

Asthma Fainting Spells Convulsions Heart Trouble Diabetes Blood Disorder Allergies

Any restrictions of activity for medical reasons?

Explain:

Parent Authorization: This health history is correct as I know, and the youth herein described has permission to engage in all prescribed activities, except as noted by me. 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 in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent's signature: _____ Date: _____

Parent's printed name: _____ Phone: _____

If you can not be reached;

Emergency Contact Name: (print) _____

Phone Number: _____