

**Boy Scouts of America Troop 828, Sugar Land, Texas
Informed Consent to Participate**

I understand that --

1. My child _____ will be participating in the following activity involving BSA Troop 828 of Sugar Land, Texas:

DATE: June 25- July 3

ACTIVITY: Summer Camp at Camp Daniel Boone, Canton, NC

DEPART: St. Laurence Catholic Church at 11:00 a.m., June 25

RETURN: St. Laurence Catholic Church at approximately 12:00 noon, July 3

2. This activity includes transportation by charter bus for all participants to and from the above-mentioned location.
3. Scouts and/or adult leaders using alternate transportation to or from Camp Daniel Boone must provide a written description of their travel plan to the Scoutmaster before departure. In the case of scouts, the travel plan must be signed by a parent or guardian.
4. My child will not be permitted to depart for this activity unless a signed Consent-to-Treat Form (medical data sheet) and the signed Informed Consent Form are on file with the Scoutmaster of Troop 828, or the adult leader of this activity.
5. Participation in some off-site programs (water sports, horseback riding) may require parental consent and waiver of liability. I authorize the Troop 828 Assistant Scoutmaster leading this activity to sign the required consent forms.
6. In the event of a medical emergency involving my child during this activity, and being unable to contact me or my designated physician, the adult leader may obtain medical treatment for my child at my expense, as designated and/or restricted by my child's Consent-to-Treat Form on file with Troop 828.
7. If during this activity the adult leaders deem it necessary that my child be removed from this activity, I agree to come and get my child or provide return transportation for my child as soon as possible.

Therefore, I agree that my child _____ may participate in this activity and, having full confidence that all reasonable safety precautions will be taken, I agree to abide by any decisions that adult leaders of this activity deem necessary to provide for the safety, well being, and good conduct of all participants. Also, in consideration of the benefits to be derived from this activity, and in view of the adventurous nature and voluntary membership of the Boy Scouts of America, I waive any and all claims against the leaders of this activity, and officers, agents, sponsors, and the representatives of the Boy Scouts of America, that may arise from my child's participation in this activity.

I have read and understand the above statement:

Signature of Parent or Guardian _____ Date _____

Phone numbers where I can be reached during this activity

Is this scout taking any medication? _____

If yes, what? _____

Do you want your child to self medicate?