Participation and Healthcare Consent

Lewis & Clark Scout Reservation
Missouri River High Adventure Base

I, _____, am the parent (or legal guardian) of the below listed youth.
(Parent's Name Here)

I hereby grant permission for the below listed youth to participate in Scouting or Venturing activities at, and through, the Lewis & Clark Scout Reservation and /or the Missouri River High Adventure Base. I understand participation involves camping, canoeing, swimming, climbing, Project COPE, the use of specialized safety equipment and other types of activities approved by the Boy Scouts of America and described in the promotional material distributed by the camp.

Additionally, in the event my son or daughter needs medical attention due to illness or injury, it is my will that they be treated by a doctor, nurse or other competent health care provider. I hereby consent to their transportation and treatment for any injury, sickness, or preventative medical care that is deemed to be of an urgent or emergency nature.

When time is of the essence, it is my will that my son or daughter be treated without the delay of parental notification.

If time permits, or if the healthcare provider requires a good faith effort of notification, I request that I be called at the below listed telephone number(s).

If I can not be immediately reached, I grant authority to the below listed individuals, and/or any sworn officer of the law, to authorize treatment, for my son or daughter on my behalf.

This authorization expires one year from the date of my signature.

Youth: (Print Full Name Here ----->) _____

Parent(s): (Print Full Names Here ----->) _____

Emergency Telephone Number(s)

Specific Authorized Individuals: Carla Scott _____ Camp Director, Unit Leader,

Print Additional Names Here------>:

Parental Signature _____ Date:_____

I recognize and accept this Participation and Healthcare Consent, signed by my parent or guardian. I agree to follow written and verbal safety instructions and to participate with my safety and the safety of others in mind. I recognize that it is my duty to tell leaders and staff if I don't feel ready for a challenging activity.

Youth Signature _____ Date:_____

Witness Statement: Having proven their identities, the above parties appeared before me at the time of signing this document.

Witness_____ Address:_____ City, State, Zip_____

(Witness could be a Scout Leader, a Scouting parent, neighbor or trusted friend.)