

# Personal Watercraft Program

## Participation and Healthcare Consent

### Lewis & Clark Scout Reservation



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

I approve of his participation in the Personal Watercraft Program and associated aquatics activities, including operating a Personal Watercraft under the direction of a qualified instructor and staff.

Additionally, in the event my son 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 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 on my behalf.

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

**Youth:** (Print Full Name Here ----->) \_\_\_\_\_ **Troop #** \_\_\_\_\_

**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.)