



**PARENT OR GUARDIAN
INFORMED CONSENT TO PARTICIPATE**
BOY SCOUTS OF AMERICA (BSA) TROOP 938
DIRECT SERVICE COUNCIL 800

I understand that my son, _____, will be participating in the following activity, involving BSA Troop 938 of Hawally, Kuwait: _____

to be held at _____

departing _____

returning _____

Further, I acknowledge the following:

1. This activity includes transportation by vehicle of all participants to and from the above location.
2. My child will not be permitted to depart for this activity unless a signed Consent to Treat Form (medical data sheet) and this signed Informed Consent is on file with the Scoutmaster for Troop 938 or the adult leader for this activity.
3. 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 938.
4. If, during this activity, the adult leaders deem it necessary that my child be removed from the activity, I agree to come and get my child or provide transportation for my child as soon as possible.
5. My child is physically fit to engage in the activity described above.

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 the 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 derived from this activity and in view of the adventurous nature and voluntary membership of the Boy Scouts of America, I hereby waive any and all claims and causes of action against the leaders of this activity and the officers, agents, sponsors and representatives of the Boy Scouts of America, that may arise from my child's participation in this activity.

Parent/guardian Signature _____

Name (print) _____ Date _____

Telephone numbers where I can be reached during this activity _____

Is the Scout taking any medication on this activity: _____ yes _____ no

Special instructions: _____

In order to participate in this activity, this form must be returned to the Scoutmaster by _____.