

Scouts Canada Parent/Guardian Consent Form

For Category Three Activities and Out of Country Travel (Leaders: this is to be filed with Camping/Outdoor Activity Application)

Note: If appli	icant is under 18, parent or guardian must sign.	
Youth's Name:	Phone:	
Address:	Phone: City: Postal Code:	
Province:	Postal Code:	
Parent/Guardian Name:		
immediate surgical or medical attention arrangements for qualified surgical or m	ries except Quebec: on with Scouting activities there are times when illness or accident may occur are is necessary. This is my permission for the leader in charge, or designate, to make medical attention for my child/ward in the event of an emergency without necessi I will be notified by the quickest means possible if this authority is exercised.	ke
immediate surgical or medical attention his/her integrity is threatened, and I car	on with Scouting activities there are times when illness or accident may occur are is necessary. In the event of an emergency in which my child's life is in danger annot be reached to provide consent, I agree that care may be provided to my chin paragraph 1 of article 13 of the <i>Civil Code of Quebec</i> . I understand that I will be if this authority is exercised.	or ld
	YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHE CASE INDICATE HOW YOU CAN BE CONTACTED:	N
Name:	Phone:Cell:	_
	derstood and completed the above, and having been briefed regarding the permission for my child/ward to attend and participate in: Madawaska River trip and whitewater course	ne
at the following location:	Madawaska River from Palmer Rapids to Griffith, ON	_
□ with the following Leader in	n charge: Keith Nunn	_
on the following date: July	y 6-12, 2 0 14	_
I HAVE REVIEWED THE INFO	ORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPAN NFIRM THAT THE INFORMATION IS UP TO DATE.	— Т
Signed, Parent/Guardian:	Date:	_
	FOR OUT-OF-COUNTRY TRAVEL	
	uardian's Signatures Required for Out-of-Country Travel	
Signed, Parent Guardian:	Date: (name of witness), this (date)	
	(name of witness), this (date) (parent/guardian's name) at (name of lo	cati
Vitness Signature:		
Signed, Parent Guardian	Date:	
2. Signed before me, _	Date: (name of witness), this (date)	
у	(parent/guardian's name) at(name of lo	cati
Vitness Signature:		

B.P.&P., Section 20000 August 2006