

**PARENT OR GUARDIAN CONSENT AND APPROVAL  
FOR SCOUTING ACTIVITIES – Troop 91, Avondale Arizona**

*(Applies to all youth participants under the age of 18)*

**TO WHOM IT MAY CONCERN:**

Scout (print name): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_

has my permission to participate in: \_\_\_\_\_

to be held: \_\_\_\_\_ at: \_\_\_\_\_  
(Date) (Location of activity)

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Authorization and Consent to Treat a Minor**

The undersigned does hereby authorize: \_\_\_\_\_ or  
(Print name of tour Leader)

such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medical practice or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere.

This authorization will remain effective while the above minor is en-route to or from or participating in the above noted Activity. Date: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY:**

Name: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: (print) \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Company or provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I understand that the Field Trip or Boy Scout activity will be supervised by Trained Leaders / Competent Adults, and I also understand that my son will be responsible for all his expenses connected with the trip.

I hereby give my permission for my son to ride in a private car  
Driven by: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent or Guardian)