



**Scouts Canada**  
**Parent/Guardian Consent Form**  
 (to be filed with Camping/Outdoor Activity Form)

**Note: If applicant is under 18, parent or guardian must sign.**

Youth's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_

**Residents of all Provinces/Territories except Quebec:**

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

**Residents of Quebec:**

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

**IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE WHERE YOU CAN BE CONTACTED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**OR**

I will attend the event/activity with my child/ward.

**Permission to participate:**

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

the following event/activity: JOTA Fall Camp  
 at the following location: Apple Hill Scout reserve  
 with the following Leader in charge: Paul Hauck  
 on the following date: October 14-16, 2005

**I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PHYSICAL FITNESS FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.**

**Signed, Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OUT-OF-COUNTRY TRAVEL ONLY**

**Signed, Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Signature of second parent required for out-of-country travel

1. Signed before me, \_\_\_\_\_ (name of witness), this \_\_\_\_\_ (date)  
 by \_\_\_\_\_ (parent/guardian's name) at \_\_\_\_\_ (name of location).

Witness signature: \_\_\_\_\_

2. Signed before me, \_\_\_\_\_ (name of witness), this \_\_\_\_\_ (date)  
 by \_\_\_\_\_ (parent/guardian's name) at \_\_\_\_\_ (name of location).

Witness signature: \_\_\_\_\_