

Form 1 - first two pages together

Form 2 - third and fourth pages together

Parent/Guardian Consent Form

Youth's Name:

Phone number.....

City:

Address:

Postal Code:

Province:

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.

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

Phone:

Name:

Cell:

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 weekend camp
- at the following location: Crawford Lake Conservation Area.
- with the following Leader in charge: Al Chapman
- on the following date: 28 MARCH 2020

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.

Signed, Parent/Guardian.....

Date:

SCOUTS CANADA HEALTH INFO FORM

EVENT: HIKE AT CRAWFORD LAKE CONSERVATION AREA

DATE...28 MARCH 2020

NAME..... HEALTH CARD #.....

FAMILY DOCTOR..... PHONE #.....

PARENT FULL NAME.....

PARENT CONTACT HOME PHONE #.....

WORK #.....

PARENT ADDRESS.....

CELLULAR NUMBER(THE NUMBER YOU CAN ALWAYS BE REACHED

.....

ALTERNATIVE CONTACT NAME.....

ADDRESS.....

PHONE #.....

WE TAKE THE SAFETY AND HEALTH OF YOUR CHILD VERY SERIOUSLY SO WE REQUEST CURRENT UP TO DATE HEALTH INFORMATION FOR EACH AND EVERY OUTING OR EVENT. IN ORDER THAT THE SCOUT LEADERS MAY PROVIDE THE BEST CARE FOR YOUR CHILD PLEASE COMPLETE THE FOLLOWING.....

1. IS YOUR CHILD CURRENTLY SUBJECT TO ANY OF THE FOLLOWING.....

Asthma	Nightmares
Convulsions	Hay Fever
Motion Sickness	Bed Wetting
Respiratory Ailments	Headaches
Ear Trouble	Sleepwalking

OTHER(PLS SPECIFY).....

GIVE DETAILS OF USUAL TREATMENT OR MEDs TAKEN BY YOUR CHILD

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.....

2. ALLERGIES...PLEASE ADVISE OF ANY ALLERGIC REACTIONS AND TREATMENT THAT YOUR CHILD IS INSTRUCTED TO TAKE:

.....

HAVE THESE MEDICATIONS BEEN PROVIDED TO YOUR CHILD?

YES NO

IT IS MANDATORY THAT YOU REVIEW THIS WITH OUR SAFETY COORDINATOR AT EACH EVENT (Andrew Crichton - Baloo)

3. WE WILL BE CONTACTING YOU FOR YOUR PERMISSION TO PROVIDE ANY OTHER MEDICATION IE ASPIRIN FOR A HEADACHE etc

4. DATE OF LAST TETANUS SHOT:

5. DOES YOUR CHILD SUFFER FROM ANY PHYSICAL/EMOTIONAL DISORDER THAT WOULD PREVENT YOUR CHILD FROM FULLY PARTICIPATING IN THE PROGRAM IE HIKING, RUNNING GAMES, SPORTS ETC.PLEASE REVIEW THIS WITH A LEADER

NO YES

PLS SPECIFY AND DISCUSS WITH OUR SAFETY COORDINATOR

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6. DO YOU HAVE ANY SPECIAL INSTRUCTIONS REGARDING ANY HEALTH ISSUE OR DIET RESTRICTIONS?

.....

7. CAN YOUR CHILD SWIM YES NO

8. DOES YOUR CHILD REQUIRE THE USE OF AN EPI PEN YES NO

YOU MUST DISCUSS THE APPLICATION OF IT WITH THE SAFETY COORDINATOR WE WILL BE NOTIFYING THE LOCAL EMT SERVICE AHEAD OF THE CAMP EVENT

9. ANY OTHER CONCERNS / COMMENTS THAT THE LEADERS SHOULD KNOW?

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I HEREBY AUTHORIZE THE SCOUTER IN CHARGE TO SECURE SUCH MEDICAL ADVICE AND SERVICES AS MAY BE DEEMED NECESSARY FOR THE HEALTH AND SAFETY OF MY CHILD. I AGREE TO ACCEPT FINANCIAL RESPONSIBILITY IN EXCESS OF THE BENEFITS ALLOWED BY OHIP AND SCOUTS CANADA.

SIGNATURE PARENT / GUARDIAN.....DATE.....