

PARENT'S (GUARDIAN) CONSENT TO TREATMENT & PERMISSION FORM

I (we) hereby give permission for the Camp Staff and /or Doctor in charge, to authorize any *Emergency Medical or Surgical Attention* to any x-ray examination, anesthetics, medical or surgical diagnostic, or medical treatment procedure deemed necessary for their treatment, by a medical team or emergency physician.

I (We) do hereby give permission for my (our) son to attend the Illiana Council Kickoff campout from September 18 – 20, 2009. I (We) understand that no fire crackers, fireworks, or similar explosive material may be taken to the campout. Further, I (We) understand that should My (our) son be found in possession of same, OR if he is acting in a manner that the camp director deems it necessary to expel him for the remainder of the campout, I (we) will be responsible for transporting my (our) son home.

Cadet Name: _____
(printed)

Date: _____

Parent's (Guardian) Name:

(printed)

Parent's (Guardian) Name:

(signature)

CADET MEDICAL STATEMENT:

EMERGENCY CONTACT: (please print)

Contact's Name: _____
Contact's Phone Number: _____
Alternative Phone Number: _____
Date of Cadet's Last Tetanus Booster: _____

Family Doctor: _____
Phone Number: _____
Insurance Name: _____
Policy Number: _____

Please list any physical disability, allergy, medication, medical or diet restrictions that your son may have. The Staff *MUST* be aware of any conditions which may affect his participation in the campout.

Church Name: _____ Club # _____