Appendix D **(REVISED JULY 2002)**

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: Mississauga
Province: Ontario 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: All Section Fall Camp

☐ at the following location: Woodland Trails, Markham

☐ with the following Leader in charge: Scouter Jeff Bodrucky (416-315-5333)

☐ on the following date: Friday, September 28 to Sunday, September 30, 2018

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: _____