



Parental Informed Consent Agreement for Climbing Meeting Rotation

Youth Name: _____

CLIMBING PERMISSION:

I understand that participation in the climbing activity offered through Boy Scout Troop 171 and Boy Scouts of America involves a certain degree of risk that could potentially result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given my son my consent to participate in top-roped climbing during troop meetings and campouts.

My son has permission to participate in climbing activities: _____ Yes _____ No (*please initial*)

MEDICAL INFORMATION AND EMERGENCY RELEASE:

Health Concerns: Check if subject to the following. Write in any health concerns not listed below.

Asthma Fainting Spells Convulsions Heart Trouble Diabetes Blood Disorder Allergies

Health concerns: _____

Any restrictions of activity for medical reasons? Explain: _____

Parent Authorization: This health history is correct as I know, and the youth herein described has permission to engage in all prescribed activities, except as noted by me. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Parent's signature: _____ **Date:** _____

Parent's printed name: _____

Emergency Contact Phone Number: _____