



PARENT OR GUARDIAN CONSENT AND APPROVAL FOR Mayflower Council Camporee

(Applies to all personnel under the age of 18)

Date: _____

TO WHOM IT MAY CONCERN:

Scouts Name: _____

Address: _____

Birthday: _____ Phone: _____

has my permission to participate in: **Mayflower Council Fall Camporee**
to be held: **October 15-17, 2021** at: **Camp Squanto, Plymouth, MA**

I approve of the facility and of the leaders who will be in charge of this activity. I also certify to the best of my knowledge the scout named hereon is physically fit to engage in the activity described above.

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize _____ or such substitute as he may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medicine practice act or a dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office said physician or dentist, at a hospital, scout camp or elsewhere.

This authorization will remain effective while the above minor is en route to or from or involved or participating in any program or activity related to this event unless revoked in writing by the undersigned and delivered to the aforesaid agent.

DATE: _____ SIGNED: _____
(Parent or Guardian)

RELATIONSHIP _____
(Parent or Guardian) PRINT NAME

IN CASE OF **EMERGENCY** AND PARENTS "**CANNOT**" BE CONTACTED, PLEASE NOTIFY:

Name: _____ Phone: _____ Relationship: _____

Physician Name: _____ Phone: _____

ALLERGIES OR OTHER CONDITIONS: _____

MEDICAL INSURANCE INFORMATION:

Company/Provider: _____

Policy Number: _____ Phone: _____