

2008-2009 Monaken Lodge Consent Form

This must be submitted each year. You may send it to the Council Service Center or bring it with you to the next Lodge function.

Scout/Scouter Name _____ Address _____ Phone _____	Emergency Contact _____ Address _____ Phone _____
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Physician's Name _____
Physician's Phone _____
Health Insurance Carrier _____ Policy # _____

I give my permission for full participation in the Boy Scouts of America program, subject to the limitations noted below:

IN CASE OF EMERGENCY, I understand every effort will be made to contact me (if an adult, my spouse or next of kin). 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 medications for me child (or for me, if an adult).

Signature of Scout/Scouter _____ Date _____

Signature of Parent/Guardian _____ Date _____
(If Scout is under the age of 18)

A Youth who must receive medication at an event must have a signed note by the parent. The adult in charge must be notified at the time of registration.

Photo Release Information (If you choose so)

Over the age of 18

I am an adult over the age of 18 years. I authorize Monaken Lodge to use my picture on www.oamonaken.org or its publication. This authorization shall remain in effect until revoked by me in writing.

Signature _____ Date _____

Under the age of 18

I am an adult over the age of 18 years. I authorize Monaken Lodge to use my child's picture on www.oamonaken.org or its publication. This authorization shall remain in effect until revoked by me in writing.

Signature _____ Date _____