

ERIE SHORES COUNCIL

BOY SCOUTS OF AMERICA

UNIT Pack 210

PARENTS/GUARDIAN CONSENT TO ACTIVITIES/TRIPS

I hereby consent to my son, or daughter, participating in the activity, or trip, identified and waive all claims against the Unit's leaders and/or against the officers, employees, agents and representatives of the Erie Shores Council of the Boy Scouts of America in connection with any occurrence in the course of this activity or trip.

In the event my son, or daughter, should require medical attention and/or treatment during the course of this activity, or trip, and after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner; I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by an adult leader of the activity, or trip, to undertake any form of medical treatment considered necessary or appropriate by such provider in such an event.

Activity: Troop 210 Webelos Invitational Cabin Campout

Date of Activity: November 13-15, 2026

Name of Son or Daughter: _____

Parent/Guardian (please print): _____

Street Address: _____

City / State / Zip Code: _____

Home Phone # _____ Work Phone # _____

Cell Phone # _____ (alternate phone #)

Health Insurance Company: _____

Policy or Group Number: _____

Parent/Guardian Signature & Date: _____

Neighbor or Relative to call in an emergency? _____

Relationship: _____

Neighbor/Relative Phone #: _____