CONSENT FORM APPROVAL BY PARENTS OR GUARDIANS

First name of BSA member/guest	Middle Initial	Last Name
Address		Birth date (month/day/year)
Additional address (need street address if y	ou have a P.O. Bo	x)
City	State	Zip
(
Phone Number (parent's daytime)		Phone Number (parent's night time)
Medical Release		
In the event of illness or injury occurring to	o my	It is understood that in the event of a serious
son or daughter while involved at this	•	illness or injury, reasonable efforts to reach
Camporee, I consent to X-Ray examination	1,	me will be attempted.
anesthesia, and/or medical or surgical diagram		Y
procedures or treatment considered necessary		Insurance Company
the best judgment of the attending physicia		Policy#
performed by or under the supervision of a		Physician
member of the medical staff of the hospital		Physician Telephone #()
furnishing medical services.		Totophone "(
fitness requirements of this trip and activity (If two I give permission for my child to attend the	APPROV vo parents/guardians	both need to sign)
Father/Guardian Signature		Date
Mother/Guardian Signature		Date
	that this BSA you	and waiver of claims of this CONSENT FORM and th member or guest can meet the health and physical
	I HOLO IXC	casc
publish the photographs/film/videotapes/eleby the Boy Scouts of America, and I hereby publication.	ectronic representa y release the Boy S	couts of America the right and permission to use and ations and/or sound recording made of me or my child couts of America from any liability from such use and proadcast, electronic storage, and/or distribution of said
photographs/videotapes/electronic represen Boy Scouts of America, and I specifically v	tations and/or sou	nd recording without limitation at the discretion of the may compensation I may have for any of the foregoing.
-YES -NO		Composes 2012

Quicksilver District Santa Clara County Council