

# Etowah District 2010 Webeloree INFORMED CONSENT AGREEMENT

**A Consent Agreement and Health form is required for each attendee**

I understand that participation in the Pack 12 Family Campout and scheduled for the month of  
(Activity Name)

October, 2010 Offered through Etowah District and the Mecklenburg County  
(Month / Year)

Council, Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and have given \_\_\_\_\_ my consent to participate.  
(Scout or Adult Name)

**In case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

This form must have a parent/guardian signature:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print Name  
(Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone (with Area Code)

\_\_\_\_\_  
Work Phone (with Area Code)

\_\_\_\_\_  
Mobile Phone (with Area Code)

***Please note that a Health Form is required for each scout and parent attending the event.***