

1st Williamsburg Canadian Traditional Scouting Association

Parent / Guardian consent:

In connection with scouting activities, experience has shown that there are times when illness or accidents may occur, and where immediate surgical or medical attention is necessary. This is my permission for the Leader-in-charge or his / her deputy to make arrangement for surgical or medical attention for my child / ward in the event of an emergency, without the necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Signed:

Date:

I hereby give permission for _____ to attend and participate in 1st Williamsburg CTSA Lashing / tool safety day (knives, saws, axes) on Saturday, November 7th, 2020

Signed:

Date:

Screening, Contact tracing, and Check-in: 9:30am at beach at CedarWood Pond, 4865 County Road 8.

Pickup: 3:45pm at beach at CWP.

Cost: none but bring bag lunch, lawn chair, full uniform, pocket knife, scout bag.

In case of emergency, please notify:

Name

Phone number(s)

If your child requires any medication during camp, please list medication, time, and dosage:
