

**1<sup>st</sup> 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.

Print parent's name: \_\_\_\_\_

Signed:

Date:

\_\_\_\_\_

\_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to attend and participate in 1<sup>st</sup> Williamsburg *Otter Fall Camp* on **Friday, October 14 – Saturday October 15**

Signed:

Date:

\_\_\_\_\_

\_\_\_\_\_

**Drop-off:** 6:30pm Friday at 4865 County Rd 8    **Pickup:** 2pm Saturday at 4865 County Rd 8

**Cost:** \$15

**In case of emergency, please notify:**

Name

Phone number(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_