

Parental Informed Consent and Hold-Harmless/Release Agreement

I understand that participation in the climbing and rappelling merit badge activities offered through the Catalina Council, BSA, Camp Lawton, Mount Lemmon involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having the full confidence that precautions will be taken to ensure the safety and well-being of my (son /daughter), I have given _____, (my son /daughter), my consent to

[Name]

participate in the climbing and rappelling merit badge program, and waive all claims I may have against the Boy Scouts of America, Catalina Council, activity coordinators, and all employees, program directors, volunteers, or sponsors associated with the climbing and rappelling program. I certify that this participant can meet the health and physical fitness requirement of the trip or activity and is not under the influence of any chemical substance, including alcohol.

In the event of illness or injury to my (son/daughter) while involved in this trip or activity, I consent to X-ray examination, anesthesia, and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be made. This form must have both parent/guardian signatures.

Signature _____ Date _____

Print Name _____

Signature _____ Date _____

Print Name _____

MEDICAL INFORMATION

Personal Physician _____ Phone () _____
[Name]

In case of emergency, please contact _____ Phone () _____
[Name]

Special Dietary considerations _____

List known allergies _____

List required medications _____

Is participant allergic to bee stings? ____ Does participant have a bee sting kit in possession at all times? ____

Do you wear contact lenses? _____ Females, are you pregnant? _____

Has participant had or do they now have: (circle if yes) chest pains heart attack angina diabetes

asthma epilepsy drug reactions high blood pressure heart murmur prior back injuries

If you answered yes to any of the above, explain and include date. _____

[Continue on back if necessary]

Do you have any other medical condition that we should be aware of? _____

[Continue on back if necessary]