Aviation MB Participation and Healthcare Consent

I, _____, am the parent *(or legal guardian)* of the below listed youth.
(Print Parent's Name Here)

I approve of his/her participation in the **Aviation Merit Badge and the associated Basic Orientation Flight** offered through the Lewis & Clark Scout Camp, Sioux Council - Boy Scouts of America.

In the event my son/daughter needs medical attention due to illness or injury, it is my will that they be treated by a doctor, nurse or other competent health care provider. I hereby consent to their transportation and treatment for any injury, sickness, or preventative medical care that is deemed to be of an urgent or emergency nature.

When time is of the essence, it is my will that my son / daughter be treated without the delay of parental notification. If time permits, or if the Healthcare provider requires a good faith effort of notification, I request that I be called at the below listed telephone number(s).

If I can not be immediately reached, I grant authority to the below listed individuals, and / or any sworn officer of the law, to authorize treatment, for my son / daughter, on my behalf.

This authorization expires one year from the date of my signature.

(Please Print Clearly)

Youth:
First Name **Middle Initial** **Last Name**

Parent(s):

Address:

Emergency Telephone Number(s)

Specific Authorized Individuals: Barry M. Schloss (Camp Director)
(Scoutmaster / Leader)

(List other authorized individuals here)

Parental Signature _____ Date:_____

Parental Signature _____ Date:_____

I recognize and accept this Participation and Healthcare Consent, signed by my parent or guardian. I agree to follow safety instructions and participate with my safety and the safety of others in mind.

Youth Signature _____ Date:_____

Witness Statement: Having proven their identities, the above parties appeared before me at the time of signing this document.

Witness_____ Address:_____ City, State, Zip_____