



PARENT OR GUARDIAN CONSENT AND APPROVAL FOR February 2012 Catalooche Ski Trip

(Applies to all youth participants under the age of 18)

To Whom It May Concern:

Scout (print name):

Address:

Date Of Birth: Phone:

has my permission to participate in: 2012 Ski Trip to Catalooche in Maggie Valley, North Carolina

to be held: February 18 - 20, 2012 at: Maggie Valley, North Carolina

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above.

Date: Signed: Relationship: (Parent or Guardian)

AUTHORIZATION AND CONSENT TO TREAT A MINOR

The undersigned does hereby authorize: Bob Melton (Print name of tour leader)

or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by an to be rendered under the general or special supervision of any licensed physician and/or surgeon whether such diagnosis or treatment is rendered at the office of said physician and/or surgeon, at a hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is en-route to or from or participating in the above noted activity.

Date: Signed: (Parent or Guardian)

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: Phone:

Alternate Contact: Phone:

Physician: Phone:

Medical Insurance Information: Company or Provider: Policy No.

Please list any medical conditions or necessary medications, or other pertinent medical information on the reverse of this form.

This form is to be retained by the tour leader while on the outing.