

SCOUTS CANADA PARENT/GUARDIAN CONSENT FORM

Scouters: This is to be filed with the Adventure Application Form.

NOTE: IF APPLICANT IS UNDER 18, PARENT OR GUARDIAN MUST SIGN

Youth's Name: _____ Phone: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Parent/Guardian Name: _____

RESIDENTS OF ALL PROVINCES/TERRITORIES EXCEPT QUEBEC:

Experience has shown that in connection with Scouting adventures there are times when illness or an accident may occur, and immediate surgical or medical attention is necessary. This is my permission for the Scouter in Charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without my prior approval. I understand that I will be notified as soon as possible if this authority is exercised.

RESIDENTS OF QUEBEC:

Experience has shown that in connection with Scouting adventures there are times when illness or an accident may occur, and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the Civil Code of Quebec. I understand that I will be notified as soon as possible if this authority is exercised.

IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:

Name: _____ Phone: _____ Cell: _____

OR ☐ I will attend the adventure with my child/ward.

PERMISSION TO PARTICIPATE:

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the adventure, hereby give my permission for my child/ward to attend and participate in:

✓ the following adventure: 4th Port Credit Spring 2026 Camp

✓ at the following location: Everton Scout Camp

✓ with the following Scouter in Charge: George Colwell

✓ on the following date(s): November 6-8 2026



It starts with Scouts.

I confirm that all existing and known medical conditions are updated and recorded in the youth's MyScouts profile and that the Scouter in Charge has been made aware in advance of the proposed adventure.

I understand that participation in the Described Program is voluntary, and involves inherent risk during participation, including the risk of possible accidents, physical injury, or exposure to the COVID-19 virus or other infections or infectious diseases as a result of attending events, meetings and activities. I have carefully considered the risks involved, and I have full confidence that reasonable precautions and protocols will be taken and/or implemented to ensure the safety and well-being of my son/daughter/ward.

I understand the inherent risks of possible accidents, physical injuries and disease transmission that could arise from these activities, and I grant permission for my son/daughter/ward to participate. I therefore acknowledge and understand that Scouts Canada and its agents are not to be held responsible for any accident and/or physical injury arising from my son/daughter/ward's participation in the Described Activity.

I have viewed my child's/dependent's information in MyScouts.ca and confirm that the information is up to date.

Signed, Parent/Guardian: _____ Date: _____

FOR OUT-OF-COUNTRY TRAVEL

BOTH PARENT'S/GUARDIAN'S SIGNATURES REQUIRED FOR OUT-OF-COUNTRY TRAVEL

Signed, Parent/Guardian: _____ **Date:** _____

1. Signed before me, _____ (name of witness), this _____ (date)
by, _____ (parent's/guardian's name) at _____ (name of location).

Witness Signature: _____

Signed, Parent/Guardian: _____ **Date:** _____

2. Signed before me, _____ (name of witness), this _____ (date)
by, _____ (parent's/guardian's name) at _____ (name of location).

Witness Signature: _____

June 2020



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