

Troop 1876  
Parental Informed Consent Agreement  
For Climbing / Rappelling

I understand that participation in climbing/rappelling activities 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 risks involved, and in view of the fact that the Boy Scouts of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my child....

My son/daughter, \_\_\_\_\_, has permission to participate in this Troop sponsored climbing/rappelling activity. He/She can participate with reasonable accommodations described below:

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During the activity, I can be reached at:

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(Address)

(Phone)

**I shall not send my child if he/she is not feeling well and will so inform the Troop.**

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event I cannot be reached in an emergency, I hereby give permission to the physician, hospital, or medical service selected by the Troop leaders to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child as named above. It is understood that a conscientious effort will be made to locate me or the emergency contact listed before any action is taken.

Your Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_