

CONSENT TO EMERGENCY MEDICAL TREATMENT

My son, _____, has my permission to attend the Boy
(Full name of Scout)

Scout Troop outing to Barksdale Air Force Base in Louisiana on _____.
(Date of Visit)

The adult leaders also have my permission to consent to emergency medical treatment as necessary. We will not hold the Air Force Base or its employees responsible for any accident which may occur as a result of my son attending this outing.

Parent or Guardian Signature

Date