

## Parent/Guardian Permission for Quest Clubs Activities And Trips and Consent to Medical Treatment

**Troop #** \_\_\_\_\_

I give permission for my child to participate in all programs and activities sponsored by \_\_\_\_\_ . This permission slip is valid for all activities held at the regular meeting location, or away, for the program year \_\_\_\_\_. I understand that adults supervise all events, but that participation of my child is at my own risk. Specific information regarding troop activities will be distributed prior to each event and will be available from one of the leaders. Special events may require additional permission forms.

Child's Name: \_\_\_\_\_

Nature of the activities or trips planned: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the nature of the Quest Clubs activities and trips in which my child will be participating and that he/she is expected to abide by all Quest Clubs rules, policies, and procedures at all times. I hereby give my permission for my child to participate in the above described activities or trips. I understand that in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my daughter at my own expense.

I understand that any youth program or individual that uses the Quest Clubs name and uses Quest Clubs materials is not a division, branch, or department of Quest Clubs. Their relative status is that of an independent purchaser and licensee (the purchaser) and provider and licensor (Quest Clubs) of the Quest Clubs program materials.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

I (We) the undersigned parent, parents or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

*( A copy of this permission form as well as a copy of the child's health form should be kept by the supervising volunteer during the activity or trip.)*