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Scouts Canada
Parent/Guardian Consent Form
For Category Three Activities and Out of Country Travel
(Leaders: this is to be filed with Camping/Outdoor Activity Application)

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 activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Residents of Quebec:

Experience has shown that in connection with Scouting activities there are times when illness or 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 by the quickest means 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 event/activity 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 activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: 2012 Mad Trappers Camp
at the following location: Camp Maskepetoon located at Pigeon Lake
with the following Leader in charge: Annette Vawter
on the following date: February 3-5, 2012

I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.

Signed, Parent/Guardian: Date:

FOR OUT-OF-COUNTRY TRAVEL

Both Parent/Guardian's Signatures Required for Out-of-Country Travel

Signed, Parent Guardian: Date:

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

Signed, Parent Guardian: Date:

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

Action Plan
Scouts Canada Safety Checklist
2012 Mad Trapper's Camporee Scout Camp

Camp Dates:

Friday, February 3, 2012
Saturday, February 4, 2012
Sunday, February 5, 2012

First Aid:

Annette Vawter

Activity:

Mad Trapper's Camporee is a scout camp. This is a Northern Lights Region sanctioned Scout Camp, the Camp Registrar is Mr. John Rudyk (780) 444-6673/(780) 686-4438

The camp each year has a different theme. The camp will consist of organized program activities supporting the camp theme. 2012 Theme is Tribes

Food & Shelter:

All youth will be sleeping in heated cabins, food will be provided by the camp host.

Emergency Plan:

Camp Evacuation – the scouts will meet at the Camp Maskepetoon main gate.

Emergency Contact: (Inbound)

Leaders – please contact Annette only for emergencies – NO personal calls

Annette Vawter (780) 953-6997
Aaron Taylor (780) 994-2260
Harvey Stirling (780) 695-1719
Russ McDougall (780) 910-1477
Catherine MacLeod (780) 667-7782

Red Deer RCMP – Rural Division
4300 – 55 Street
Red Deer, AB (403) 343-5500

Scouts Canada Safety Checklist
2012 Mad Trapper's Camporee Scout Camp

Emergency Contact (Outbound)

If a medical incident occurs, Annette Vawter will contact the parent/guardian as detailed in the youth's Individual Health History form – "Emergency Contact Information".

Medical Attention:

Mad Trapper's Camporee will have a First Aid Station on site with trained medical personnel in charge.

If additional medical attention is required from outside the camp facility:

Devon General Hospital
101 Erie Street
Devon, AB T9G 1A6 (780) 987-8200

Transportation

Travel to Camp Maskepetoon will be via First Student Bus Company

Travel Route:

The planned route is
Edmonton to Devon
Devon to Calmar to Thorsby
Thorsby to Camp Maskepetoon

Return travel will be the same route

Travel Dates:

Departing Edmonton for Camp Maskepetoon on Friday February 3, 2012 at 6:30 pm from St. Timothy's Church with approximate arrive to camp at 8:00 pm

Departing Camp Maskepetoon for Edmonton on Sunday February 5, 2012 at approximately 1:00 pm with approximate arrival time in Edmonton at 3:00 pm



Scouts Canada Physical Fitness Certificate for Non Members

NOTE: This form is for use by Parent-Guardians or Volunteer Helper/Resource Persons participating in Scouting activities. This information is collected to assist the Scouter in charge should a medical emergency arise. In accordance with applicable Privacy Legislation, this information will not be used for any other purpose.

Surname: _____ Given Name: _____ Initial: _____
Date of Birth: _____ Age: _____ Male Female
Address: _____ City: _____
Province: _____ Postal Code: _____ Home Phone #: _____
Physician's Name: _____ Phone # _____ Scout Group Name: _____
*Provincial Medical Plan: _____ Insurance Coverage Held: _____
Emergency Contact Name: _____ Phone #: _____

Emergency Medical Information:

Does the applicant have any allergies? Yes No If yes, please indicate below.

- Medicine Insect Bites Toxins Food Smoke
 Plants Animals Other

Details: _____

Has had, please check (x)

- Appendicitis Mumps Chicken Pox Measles Kidney disease
 Rheumatic Fever Scarlet Fever Heart condition Other

Is subject to any of the following, check (x) and give details:

- Asthma Contact Lenses Headaches Fainting spells Bleeding disorders
 HIV Ear problems Diabetes Hernia Back problems
 Motion sickness Cramps Convulsions Sleepwalking Nightmares
 Bed wetting Other _____

Details: _____

Does the participant require special care, medication or diet? Yes No

Details: _____

Date of most recent physical examination (Month and Year): _____

Date of last tetanus shot (Month and Year): _____

Swimming abilities: Non-Swimmer Swimmer (Highest Level Achieved): _____

Has it ever been necessary to restrict the applicant's activities for medical reasons? Yes No

Signed, _____ Date: _____

**Voluntary in some provinces*