



As the parent or legal guardian of \_\_\_\_\_, I hereby give my permission for this child to participate in Mawat District BSA Merit Badge College

Activity: Merit Badge college

Location: Duke East Campus

Registration begins: 8:15am Date: 11/1/08

College closes: 4pm Date: 11/1/08

Individual counselors may have different pick up times. Be sure to confirm pick up time with the counselor before leaving.

I give permission to Mawat District to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed.

I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing except for clear acts of negligence or non-adherence to BSA policies and guidelines.

In case of emergency, I can be reached by phone at \_\_\_\_\_ or

\_\_\_\_\_.  
If I cannot be reached, please contact \_\_\_\_\_ at

\_\_\_\_\_.  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent or Guardian)

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