

PARENTAL INFORMED CONSENT AGREEMENT FOR COPE ACTIVITIES

I understand that participation in the COPE activity offered through the Connecticut Yankee Council, BSA, on _____ (date), 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 risk 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 (son/daughter), I have given _____ (name) (my son/daughter) my consent to participate in _____ a Challenging Outdoor Personal Experience (COPE) on _____ (date).

I certify that this participant can meet the health and physical fitness requirement of the trip or activity.

In the case of illness or injury occurring to my (son/daughter) while involved in this trip or activity, we, the undersigned, understand that every effort will be made to contact us. In the event that we cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§ 160.103, 164.501, etc. seq., as amended from time to time, including examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

(This form must have the signatures of both parents/guardians.)

Signature

Telephone No.

Date

Signature

Telephone No.

Date