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# 2010 Illini Jamboree

## Consent to Treat Form

Please complete this form for all Scouts attending the 2010 Illini Jamboree. This form must be signed by a parent or guardian and brought to the Jamboree in the event that medical treatment is required.

Copy as needed

I give permission for my son/daughter \_\_\_\_\_(Name) to participate in activities included in the Illini Jamboree, subject to limitations stated on a paper I have attached to this form.

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

I give permission for images of my child to be used in print and web publications that promote council camping activities.

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
*Parent or Guardian*

Phone Number \_\_\_\_\_