



**Polish Scouting Organization**  
**Hufiec „Mazowsze” Hufiec „Kraków”**

**PARENT CONSENT AND WAIVER FORM**

EVENT NAME: **OBÓZ 2009** DATE: **06/28/2009 – 07/04/2009**

Child's Full Name \_\_\_\_\_ age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Circle one : ZUCH HARCERKA/HARCERZ WĘDRO

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone No: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

**FAMILY MEDICAL/VITAL INFORMATION:**

Insurance Carrier: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_

Has the child any allergies? If so, please specify: \_\_\_\_\_

Has the child any medical problems that the leader should know about ? If so, please specify:  
\_\_\_\_\_

Is the child currently taking any medications ? If so, please specify: \_\_\_\_\_

**PARENTAL RELEASE/PERMISSION:**

In granting this permission, I assume full responsibility for any damage to the person(s) or property caused by my child or ward. Further, I hereby expressly waive any claim for liability against the Polish Scouting Organization-Z.H.P.-Inc., including its directors, leaders, volunteers, and representatives, and release them from all liability in connection with this experience. I further expressly agree that in the event that disciplinary action, or the health of my child or ward may make it necessary, at the discretion of the sponsor, my child or ward may be returned home at my expense.

I further consent and will be responsible for any emergency medical and dental treatment, which may be advisable in the discretion of any physician or dentist. I also consent to and will be responsible for routine, non-surgical medical care. It is further warranted that if this Consent form is signed by one of two parents or guardians, it is with the authority of the other.

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name / Signature of Parent or Guardian