

Brekkulegan 2025 Parent/Guardian Consent Form

Please complete the following form to give consent for your child to participate in Brekkulegan 2025 camp and its activities.

Child's Full Name:

Parent/Guardian's Full Name:

Scout Group:

Emergency Contact Information:

Phone Number: _____

Alternative Contact: _____

I, the undersigned parent or legal guardian of the above-named child, hereby give permission for them to attend Brekkulegan 2025, taking place on the Faroe Islands.

I also give my consent for my child to participate in all camp activities, including but not limited to outdoor adventures, team-building activities, and other planned events.

Medical Information/Allergies:

In the event of a medical emergency, I authorize Brekkulegan staff to provide or seek necessary medical treatment for my child. I understand that I will be notified as soon as possible in the event of any emergency.

Signature of Parent/Guardian: _____

Date: _____