BOY SCOUTS OF AMERICA

PARENT RELEASE

I hereby make application for Scout _______ of Troop 29 for a place in the event described below. Said member is to be amenable to such rules and regulations as may be made by the Troop, and Committee or of its representatives

It is expressly understood by the parents or guardian that the member for whom this application is made is in a condition of health that warrants his taking part in this event and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said outing.

AUTHORIZATION/CONSENT TO TREATMENT OF A MINOR

<u>I/We</u>. the undersigned parent of ______ a minor, do hereby authorize ______ as agents for the undersigned to consent to any X-Ray examination. anaesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision, or any physician and/or surgeon licensed under the provision of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care, which the aforementioned physician. in the exercise of his best judgment may deem advisable.

This authorization shall remain effective for the dates of the events given below. A photocopy of this form may be used.

Date(s):
Departure Time:
Approval:Unit Leader
Work Phone: ()
arent can not be reached:
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