

TROOP 4
SAN GABRIEL VALLEY COUNCIL
BOY SCOUTS OF AMERICA

PARENT CONSENT FORM

Minor's Name _____ Age: _____

Address: _____ Phone: _____

Parent(s) or Guardian(s) _____

Home Phone(s): _____ Business Phone(s): _____

If the above person(s) cannot be reached in case of emergency, please notify:

Name: _____ Relation: _____

Address: _____ Phone: _____

Family Physician: _____ Phone: _____

Address: _____

Date of last Tetanus shot: _____ Special medical needs / conditions: _____

AUTHORIZATION

I am / We are the parent(s)/guardian(s) having legal custody of _____,
a minor, born on _____.

I / We authorize the ADULT LEADER(S) IN CHARGE, into whose care the above named minor had been entrusted, to consent to medical, surgical, or hospital care, treatment, or diagnosis for the minor under Section 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any medical, dental, surgical, or hospital diagnosis, treatment or care to be rendered to or for the above-named minor under general or special supervision of a qualified physician, surgeon, or dentist.

I / We further authorize the ADULT LEADER(S) IN CHARGE to receive physical custody of the above-named minor under Section 1283(a) of the California Health and Safety Code upon completion of any treatment, and I / We instruct any treating health facility to surrender the physical custody of the above-referenced minor to the ADULT LEADER(S) IN CHARGE.

This authorization shall remain in effect unless and until revoked by a signed writing delivered to TROOP 4, SAN GABRIEL VALLEY COUNCIL, BOY SCOUTS OF AMERICA.

Dated: _____

PARENT / GUARDIAN

PARENT / GUARDIAN

IMPORTANT!!! PLEASE ATTACH MEDICAL INSURANCE INFORMATION