

**PARENT CONSENT TO TREAT FORM
BSA TROOP 126**

Scout _____ Birth date _____

Address _____

Parent or Guardian _____ Phone: (H) _____ (W) _____

If the above can not be reached in case of an emergency, please notify:

Name _____ Phone: _____

Address _____

Family Physician _____ Phone _____

Address _____

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

Tylenol may be given: yes no

Insurance carrier: _____ Policy number _____

CONSENT TO TREAT

I(we), the undersigned, parent(s) of _____ minor, do hereby authorize the ADULT LEADER(S) IN CHARGE as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited 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 being required but is given to provide authority and power of the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization will remain effective for the term the boy remains with TROOP 126, unless revoked in writing delivered to said agent(s).

In addition, permission is hereby given for _____ to attend and participate in activities sponsored by BSA TROOP 126.

Parent or Guardian

Witness

Date

Date

A photocopy of this form and signatures are as binding as the original.