



**BOY SCOUTS OF AMERICA - TROOP 358
MEDICAL AUTHORIZATION FORM
2007 – 2008 PROGRAM**

Scout Name Age Birth Date

Address City State Zip Code

Parent or Guardian Home Telephone Office Telephone

Cellular Telephone Cellular Telephone E-Mail Address

If the Above Parent or Guardian Cannot be Reached in the Event of an Emergency, Please Notify:

Name Relationship

Address Telephone Number

Family Physician Office Telephone

Address

Please Note Any Special Medical Issues, Problems, or Prescribed Long-Term Medications for the Scout:

Date of Last Tetanus Shot

CONSENT TO TREAT:

I (We), the undersigned, parents 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 on 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 judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain in effect until August 31, 2007 unless sooner revoked in writing delivered to said agent(s).

Dated

Father

Witness

Mother

Witness

Legal Guardian

Witness