

AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant to California Civil Code Section 25.8
Pursuant to California Civil Code Section 12552

(Name of Minor) (Date of Birth)

The undersigned do hereby authorize Old Baldy Council, Boy Scouts of America, or such substitute as designated as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by, and to be rendered under, the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Act or of any dentist licensed under the Dental Practice Act, which such diagnosis or treatment is rendered at the office of said physician or dentist, at the hospital, Scout Camp, or elsewhere.

Further, the undersigned consent that the archery range instructor and the rifle range instructor of the below named council may instruct in the proper and safe usage of these facilities in their related activities.

This authorization will remain effective while the above minor is enroute to or from, or involved or participating in any Boy Scout program or activity of the Old Baldy Council, Boy Scouts of America unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

DATE FATHER OR GUARDIAN: signature

MOTHER OR GUARDIAN: signature

WITNESS: signature

HOME ADDRESS:

HOME PHONE: BUSINESS PHONE:

DOCTOR'S NAME: DOCTOR'S PHONE:

INSURANCE CARRIER: POLICY#:

IMPORTANT MEDICAL INFORMATION (ALLERGIES, MEDICATION, ETC.):