

**PARENT OR GUARDIAN CONSENT AND APPROVAL
FOR SCOUTING ACTIVITIES**

(Applies to all youth participants under the age of 18)

TO WHOM IT MAY CONCERN:

Scout (print name): _____

Address: _____

Date of Birth: _____ Phone: _____

has my permission to participate in: _____

to be held: _____ at: _____
(Date) (Location of activity)

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the youth participant named is physically fit to engage in the activity described above.

Date: _____ Signed: _____ Relationship: _____

Print Name: _____

Authorization and Consent to Treat a Minor

Pursuant to California Family Code Section 6910

The undersigned does hereby authorize: _____ or
(Print name of tour leader)

such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of 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 medical practice or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere.

This authorization will remain effective while the above minor is enroute to or from or participating in the above noted activity.

Date: _____ Signed: _____
(Parent or Guardian)

IN CASE OF EMERGENCY PLEASE NOTIFY:

Name: (print) _____ Phone: _____

Physician: (print) _____ Phone: _____

MEDICAL INSURANCE INFORMATION:

Company or provider: _____ Policy Number: _____

(Tear off – Parent or Guardian to keep this portion)

Troop/Pack/Team _____ is going on an activity to: _____ on _____
(Unit No) (Destination) (Date)

and will return on _____ Time leaving: _____ Time returning: _____
(Date) (Time) (Time)

Departure and returning location: _____ In case of emergency in town, the
(Specify Location)

contact is: _____ Phone: _____
(Print Name)