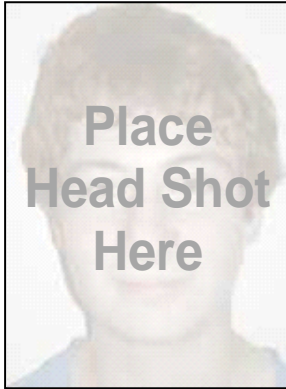


# MEDICAL INFORMATION & AUTHORIZATION FOR AGENT TO CONSENT TO MEDICAL TREATMENT OF A MINOR

## General Information



Scout Name \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ D.O.B \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Medical Insurance Provider \_\_\_\_\_ Policy/ID # \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Medical Information

Current medical condition: \_\_\_\_\_

Present medications: \_\_\_\_\_

Allergies and/or sensitivities: \_\_\_\_\_  
\_\_\_\_\_  Altitude  Motion  Being away from home  Asthma  ADD/ADHD

Disabilities and/or physical limitations: \_\_\_\_\_

Food considerations: \_\_\_\_\_

Date of recent Tetanus shot: \_\_\_\_\_

## Consent to Medical Treatment

In the event of a medical emergency which, in the opinion of the attending physician, may endanger my son's life, cause disfigurement, physical impairment or undue discomfort, I hereby authorize the adult leader(s) in charge of the outing to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care of \_\_\_\_\_ (name of Scout) deemed advisable by a licensed physician and surgeon and provided by that Physician or under that Physician's supervision, regardless of where that treatment is provided.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care 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 aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910.

## General Release from Liability

I hereby release from liability all persons and/or organizations who in any fashion have helped in organizing, planning and/or implementing the outing activity. I understand the outing activity is voluntary and I desire for the above named minor to participate. I also understand that there are certain risks involved in the outing activity, including, but not limited to, accidents and/or injuries while traveling to and from the outing activity, and/or in the course of the outing activity, and/or the potential for property damage or loss.

**This authorization shall remain in effect as long as the minor is a registered member of Troop 92 or unless revoked in writing and delivered to said agent(s). I hereby state that the information is complete and accurate, to the best of my knowledge.**

\_\_\_\_\_  
Print Father, Mother or Legal Guardian Name (circle one)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_