

BSA TROOP 465

2011 General Permission Slip - Scout

(I)/ (We), the undersigned parent/guardian of _____, a minor, hereby give permission for him to participate in BSA Troop 465 activities during the calendar year 2011.

MEDICAL CONSENT

(I)/ (We), the undersigned parent/guardian of _____, a minor, do hereby authorize BSA Troop 465 as agents 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 general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff at any 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 to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to provisions of Section 25.8 of the Civil Code of California. Authorization shall remain in effect until December 31, 2011, unless sooner revoked. (I)/ (We) hereby authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Section 25.8 of the Civil code of California to surrender physical custody of such minor to my/our above named agent upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

The above named boy has an allergic reaction to: _____.

General Information:

Yes/ No Bee Stings

Yes/ No Asthma

Yes/ No Diabetes

Yes/ No Heart Trouble

Yes/ No Hemophilia

Yes/ No High Blood Pressure

Yes/ No Kidney Disease

If Yes to any of the above, please explain: _____.

List any medications taken on a regular basis: _____.

Immunizations (give date of last inoculation): Tetanus toxoid _____

Name of personal physician _____ Telephone _____

Personal Health/ Accident Insurance carrier _____

Policy Number _____

Signature of Parent/ Guardian: _____ Date: _____

Emergency Telephone Numbers: Home _____ Cell: _____

Email address for scouting information only: _____