



**BOY SCOUTS OF AMERICA
 CALIFORNIA INLAND EMPIRE COUNCIL
 OLD BALDY DISTRICT
 TROOP 655
 ALTA LOMA, CALIFORNIA**

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 California Inland Empire Council, Old Baldy District, 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 nay 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 in route to or from, or involved or participating in any Boy Scout program or activity of the California Inland Empire Council, Boy Scouts of America unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

DATE: _____ FATHER OR GUARDIAN: _____
 MOTHER OR GUARDIAN: _____
 WITNESS: _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

INSURANCE CARRIER: _____ POLICY #: _____

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