



**BOY SCOUT TROOP 938
AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
FOR YEAR _____**

NAME OF MINOR: _____

My son is a registered member of Boy Scout Troop 938, and I give my permission for full participation in Boy Scout programs subject only to those limitations indicated at the end of this paragraph. I do not and will not hold the Boy Scouts of America, its members, or its employees responsible in the event of an accident or injury during his participation in such programs.

LIMITATIONS: _____

In the event of an emergency, I may be reached at:

PHYSICAL ADDRESS: _____

PHONE: _____ MOBILE _____

If I cannot be contacted in the event of an emergency or accident, I authorize any Scout Leaders registered with Boy Scout Troop 938 to select medical treatment necessary for my son when I cannot be contacted to so consent. No prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I specifically certify and agree that except as indicated at the end of this paragraph, 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 the Scout Leaders to give specific consent to any and all such examinations, treatment, or hospital care.

EXCEPTIONS: _____

ALLERGIES: _____

MEDICATIONS CURRENTLY BEING TAKEN: _____

I will conditionally agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for such examination, treatment, or hospital care if such treatment is not covered by the Boy Scouts of America Unit Accident Insurance Policy.

LOCAL FAMILY DOCTOR: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY NO: _____

I am the person having power to consent to medical treatment of such minor. All blanks of this Authorization were filled in before I signed it and such Authorization shall be valid until August 30, _____.

PARENT/GUARDIAN SIGNATURE: _____

NAME (print) _____ DATE: _____