

BOY SCOUTS OF AMERICA
TROOP 1602

Troop 1602 is planning a _____ to: _____

Check-in at: _____ on: _____

Returning to: _____ on: _____

Estimated cost: _____

Uniform: BSA Class A Troop T-Shirt Neckerchief & Slide

SPECIAL INSTRUCTIONS

Outing Leader: _____ Cell: _____ Asst. Leader: _____ Cell: _____

IN AN EMERGENCY, CONTACT: _____ Phone: _____

(parents detach and keep top half for reference)

(scouts take bottom half on outing)

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I (we) the undersigned parent, parents or legal guardian of (SCOUT'S NAME) _____ a minor,
do hereby request that my (son) child be permitted to go with BOY SCOUT TROOP 1602 to:

_____ on: _____ to: _____ and should the need arise, do hereby authorize
and consent to any X-ray examination, anesthetic, medical or surgical diagnosis under the general or special supervision of any
member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed
under the provisions of the dental Practice Act and on the staff of any acute general hospital holding a current license to operate from
the State of California Department of Health. 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 to render care which the aforementioned
physician in exercising of his best judgment may deem advisable. It is understood that efforts shall be made to contact the
undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned
cannot be reached. I will not hold liable the Boy Scouts Council of Orange County, its officers, or leaders for medical aid rendered and
will reimburse the Boy Scouts Council of Orange County for any medical or other expenses incurred in care of my son (child).

THIS AUTHORIZATION IS GIVEN PURSUANT TO SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA AND REMAINS
EFFECTIVE ONLY FOR THE OUTING AND DATES LISTED ABOVE.

PHYSICIAN or CHRISTIAN PRACTITIONER (name) _____ (phone) _____

(address) _____

TAKING MEDICATION? Yes No. IF SO, WHAT (FULLY describe – more on lower reverse side) _____

CAN WE ADMINISTER AS INDICATED? Yes No. TYLENOL (or generic)? Yes No. BENADRYL? Yes No.

RESTRICTED ACTIVITIES, IF ANY _____

DATE OF LAST TETANUS SHOT _____ ALLERGIC TO: _____

EMERGENCY CONTACT (name) _____ (phone) _____

PARENT'S (names) _____ (phone) _____

_____ (date) _____

(parent's or legal guardian's signature)

Note: Outing leader MUST receive a completed form before your son will be allowed to participate.