

LIÊN ĐOÀN HƯỚNG ĐẠO TRƯỜNG SƠN

BSA 680 Pack
 Troop
 Post

Brownies
 Juniors
GSUSA 2194 Cadettes
 Seniors

Permission and Authorization to Treat a Minor

Scout Name: _____ Phone (h): _____

Address: _____

Activity: _____

Location: _____ Site Phone #: _____

Beginning Date/Time: _____

Ending Date/Time: _____

I/WE the undersigned parent, parents or legal guardian of the above named Scout, a minor do hereby request that he/she be permitted to attend the aforementioned event on the above date(s) and should the need arise, do hereby authorized and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered 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 a hospital from the State of California Department of Public 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 the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I will not hold liable neither the Boy or Girl Scout Council of Orange County, its officers, or leaders for medical aid rendered. This Authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and date listed above.

List any restrictions: _____

Medication: Yes No Please specify: _____ Dosage: _____

Local Emergency Contact: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

By signing this form I/WE permit photographs to be taken at this event for public relation purposes and releases Truong Son; BSA 680 and GSUSA Troop 2194, its leaders from any and all liabilities, claims or damages resulting or arising from participation in this event.

Parents or Legal Guardian Signature

Date

PLEASE DETACH AND KEEP THE BELOW PORTION

FOR PARENTS TO KEEP

Activity: _____

Location: _____ Site Phone #: _____

Beginning Date & Time: _____

Ending Date & Time: _____

Drop Off Place & Time: _____

Pick Up Place & Time: _____

Cost of Event: _____

Mode of Transportation: _____ Bring: _____

In Case of emergency or delay call: _____ Phone: _____