

AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant of California Civil Code Section 25.8

Pursuant to California Penal Code Sections 12078, 12101 and 12552

MEDICAL RELEASE FORM

Name of Minor _____ Date _____

Pack # _____ Troop # _____

The undersigned do hereby authorize (Name of Leader) _____ or any such substitute as may be designated as agent for the undersigned to consent to any X-ray exam, 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 any physician and surgeon, licensed under the Provisions of Medical Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp or elsewhere.

Please print all information

Parent or Guardian: _____

Witness: _____

Address: _____

City: _____ State _____ Zip: _____

Contact Work Phone _____ Work/Home Fax _____

Home Phone _____ Cell Phone _____

Primary Medical/Dental Carrier _____ Policy # _____

Secondary Carrier _____ Policy # _____

Parent or Guardian *Signature*: _____

Witness *Signature*: _____

This authorization will remain effective while the above minor is enroute to or from, 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 above, signed and delivered to the aforesaid agent.