



Cub Scout, Scout, and Explorer Programs

**LONG BEACH AREA COUNCIL
BOY SCOUTS OF AMERICA W-32**

401 E. 37th Street, Long Beach, California 90807
PO Box 7338
Telephone: 562/427-0911

Parent Release

TO WHOM IT MAY CONCERN:

I hereby make application for the Scout of Troop 14 named below for a place in the camp, trip, or outing, as described below. Said member to be amenable to such rules and regulations as may be made by the Executive Board or its representatives.

It is expressly understood by the parents or guardian that the member for whom this application is made is in a condition of health that warrants his taking part in the event, and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of the said outing. (See authorization below).

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I)(WE), the undersigned parent(s) of the Scout named below, a minor, do hereby authorize Troop 14 Adult Leaders as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision, of any physician and surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable.

This authorization shall remain in effect for the dates of the event given below:

Scout: _____

PLACE _____

DATES: FROM _____ DEPARTURE TIME: _____ MODE OF TRANSPORTATION: _____
TO: _____ Estimated RETURN TIME: _____

SIGNED: _____ APPROVAL: _____
(Parent or Guardian) (Unit Leader)

HOME PHONE NUMBER _____ ALTERNATE NUMBER (Work/Cell/Pager) _____

EMERGENCY CONTACT IN THE EVENT THAT PARENT CANNOT BE CONTACTED:

NAME _____ RELATIONSHIP _____ PHONE _____

PLEASE LIST ANY MEDICATIONS WHICH THE SCOUT MAY NEED TO TAKE ON THE OUTING OR WHICH MAY BE GIVEN TO THE SCOUT IF NECESSARY (Use back if additional space required):

MEDICATION _____ HOW OFTEN OR UNDER WHAT CONDITIONS: _____

PLEASE LIST ANY RESTRICTIONS ON THE SCOUT'S ACTIVITY (Use back if additional space required):
