

# AUTHORIZATION FOR MINOR'S MEDICAL TREATMENT

## Scout's Information

<b>Name</b>					
<b>Date of Birth</b>		<b>Age</b>		<b>Gender</b>	

## Doctor's Information

<b>Allergies to Medications</b>	
<b>Allergies (Other)</b>	
<b>Note any other significant medical information</b>	

## Parent(s)/Legal Guardian(s)

<b>Name</b>					
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	
<b>Name</b>					
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	

## Alternate contact in the event Parent(s)/Legal Guardian(s) cannot be reached

<b>Name</b>					
<b>Home Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>	

## AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

I do hereby solemnly swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for Mr. Wayne Smith and/or other adults acting on behalf of the Scout Master of Troop 462 (hereafter "Supervising Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising Adult to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Supervising Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

This authorization is effective commencing January 1, 2010 and expiring on December 31, 2010.

<b>Parent's Signature</b>		<b>Date</b>	
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This medical treatment form will remain in effect until the end of the 2010 calendar year or anytime earlier that you decide to resend the form or submit changes to the information. It will remain on file with the Troop and be used for every Scout event your son participates in.

Thank You,

Wayne Smith, Scout Master Troop 462      487-6931(H) 321-1233 (W) 406-3282(C)