

EMERGENCY CONTACT/CONSENT INFORMATION (2007 ISSUE)

Scout Name: _____

Medical Carrier: _____

Plan Number: _____

Hospital: _____

Phone Number: _____

Physician: _____

Phone Number: _____

Dentist: _____

Phone Number: _____

If I cannot be reached, my son/daughter may be released to the following persons:

Name (1): _____

Phone/Cell Number: _____

Relationship (1): _____

Alternate/Cell Number: _____

Name (2): _____

Phone/Cell Number: _____

Relationship (2): _____

Alternate/Cell Number: _____

Medication and Medical History

Please describe any medication(s) the youth is currently taking or required to be on, including scheduled times to take. NOTE: An adult leader must legally carry the medication during outings and activities at all times per BSA requirements, with certain exception (i.e., inhalers). For temporary or short term use (i.e., antibiotics, allergy pills, etc.) please inform the leaders prior to any event.

Please describe long-term physical or mental conditions that adult leaders need to be aware of, or that which may limit the scout in certain activities (arrangements will be provided for that will allow them to fully participate).

EMERGENCY CONSENT FOR MINOR

The undersigned hereby authorizes any adult leader, or such substitute as designated, to act as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental, surgical diagnosis or treatment, and/or hospital care for the above named minor which is deemed advisable by, and to be rendered under the general or special supervision of any physician or surgeon licensed under the provision of the Medical Practice Act, or 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.

This authorization shall remain effective while the above named minor is en route to or from, or involved in participating in any Boy Scout program or activity of the Santa Clara County Council BSA, unless revoked in writing by the undersigned and delivered to any registered Troop leader or committee member.

Signature: _____
Father or Guardian

Signature: _____
Mother or Guardian

Print Name: _____

Print Name: _____

Address: _____

Phone #1: () _____

Phone #2: () _____