

AUTHORIZATION AND CONSENT TO 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: _____

The undersigned do hereby authorize (Name of leader) _____ or any such substitute as may be designated as agent for the undersigned to consent to an X-Ray examination, 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: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Home Phone: _____

Cellular Phone: _____

Emergency Contact Name: _____ Phone Number: _____

Primary Carrier: _____ Policy #: _____

Secondary Carrier: _____ Policy #: _____

Personal Physician/Phone Number: _____

Medical problems/activity restrictions (if none please enter *none*):

Medications (if none please enter *none*):

Allergies food and/or medications (if none please enter *none*):

Last tetanus immunization (DTP, DTaP, DT, or Td): _____

Any previous anesthetics: _____

Have there been any adverse reactions to anesthesia in this Scout or a relative? _____

This authorization will remain effective while the above minor is enroute to or from, involved, or participating in any Cub Scout program or activity of Pack 616, Cub Scouts of America, unless revoked in writing by the above, signed, and delivered to the aforesaid agent.

Parent or Guardian **Signature:** _____

Witness **Signature:** _____