

Last _____, First _____

VENTURA COUNTY COUNCIL

BOY SCOUTS OF AMERICA

PARENT OR GUARDIAN CONSENT AND APPROVAL FOR SCOUT ACTIVITY

(Applies to all youth participants under the age of 18)

TO WHOM IT MAY CONCERN:

SCOUT: _____ PATROL: _____

ADDRESS: _____, CA _____

DATE OF BIRTH: _____ HOME PHONE: _____

has my permission to participate in: _____

to be held: _____, 20__ at: _____, California

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the Youth named hereon is physically fit to engage in the activity described above.

SIGNED: _____ DATE: _____ RELATIONSHIP: _____

Print name: _____
(Parent or Guardian)

Cell or Pager: _____
Cell or Pager _____
Please Circle

AUTHORIZATION AND CONSENT TO TREAT A MINOR

Pursuant to California Family Code Section 6910

The undersigned does hereby authorize: **George Kurata** or such substitute as he/she may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical 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 provision of medicine 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 will remain effective while the above minor is enroute to or from or involved or participating in the above noted activity.

SIGNED: _____ DATE: _____
(Parent or Guardian)

IN CASE OF EMERGENCY AND PARENTS "CANNOT" BE CONTACTED, PLEASE NOTIFY:

NAME (print): _____ PHONE: _____

Relationship: _____ Cell Phone: _____

PHYSICIAN (print): _____ **PHONE:** _____

ALLERGIES OR OTHER CONDITIONS: _____

MEDICAL INSURANCE INFORMATION:

Company/Provider: _____ Company/agent's phone number: _____

Policy Number: _____ Group Number: _____

OTHER REMARKS: _____