

**EMERGENCY CONSENT FOR MINOR**

Name of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

I/We, the undersigned parent(s) or guardian(s) of the above named minor, do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis, care, 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 provisions of the Medical Practice Act on the medical staff of any accredited hospital, or a licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital or elsewhere as circumstances may require in the discretion of the treating physician or dentist.

It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care, and hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all diagnosis, medical, dental, or hospital care which aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

This authorization shall remain in effect until December 1, 2010, unless sooner revoked in writing and delivered to said agent(s).

Signature of Parent(s) or Guardian(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**TROOP 233 TRANSPORTATION INFORMATION**

To provide transportation for the Boy Scouts of America, you must have a valid driver's license and be covered by a public liability and property damage liability insurance policy that meets or exceeds the minimum requirements established by the State of California. Your vehicle must have a seat belt for each occupant, and you must assure that everyone wears a seat belt.

The following information is required, so that Troop 233 can issue a tour permit allowing you to transport Scouts:

YEAR	MAKE	MODEL	# OF SEAT BELTS
OWNERS NAME (please print)	\$ EACH PERSON	\$ EACH ACCIDENT PUBLIC LIABILITY	\$ PROPERTY DAMAGE

Driver #1: \_\_\_\_\_  
NAME CDL# SIGNATURE

Driver #2: \_\_\_\_\_  
NAME CDL# SIGNATURE

If you have more than one vehicle that can be used for transportation, please fill out a form for each vehicle.