

Boy Scouts of America Troop 615  
**Parents Permission & Emergency Medical Form**

Date: \_\_\_\_\_  
Outing: \_\_\_\_\_  
Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
Adult Leader: \_\_\_\_\_ phone: \_\_\_\_\_ cell: \_\_\_\_\_  
Asst. Leader: \_\_\_\_\_ phone: \_\_\_\_\_  
Costs: \_\_\_\_\_  
Special instructions: \_\_\_\_\_  
\_\_\_\_\_

**In case of emergency or delay, contact:** \_\_\_\_\_

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DETACH HERE. KEEP TOP SECTION AT HOME, AND BRING BOTTOM SECTION TO OUTING  
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**PARENT'S PERMISSION & EMERGENCY MEDICAL FORM**

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor,  
do hereby request that my son be permitted to go with Boy Scout Troop 615 of Saddleback District to  
\_\_\_\_\_ on dates \_\_\_\_\_.

And if the need arise, do hereby authorize and consent to any examination, anesthetic, or medical or surgical treatment rendered under the supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, or a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Boy Scout Council of Orange County, its officers, or leaders for medical aid rendered and will reimburse the Boy Scout Council of Orange County for medical or other expenses incurred in the care of my son.

THIS AUTHORIZATION IS GIVEN PURSUANT TO SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA AND REMAINS EFFECTIVE ONLY FOR THE OUTING ABOVE.

PHYSICIAN OR CHRISTIAN PRACTITIONER: \_\_\_\_\_

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
PHONE NUMBER

MEDICATIONS YOUR SON WILL TAKE ON THIS OUTING: \_\_\_\_\_

!!! Boys are responsible for storing and taking  
their own medicines. If you have concerns about  
your son's ability to do this without supervision,  
please discuss it with the Scoutmaster. !!!

DATE OF LAST TETANUS SHOT \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

ANY RESTRICTED ACTIVITIES? \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS' SIGNATURE \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_