



Palos Verdes Estates, California

VI. Parental Consent – Medical Treatment Forms

PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT

Date _____

To Whom It May Concern:

The undersigned do hereby give our permission to the officers, leaders, or agents of BSA Troop 276, to obtain and administer such medical aid or assistance as might be required for the immediate care of our son or ward in the event such help of any emergency nature becomes necessary.

It is further understood that such permission will include the administration of such medicines or treatments as might be ordered or administered by a properly licensed physician.

In no event will BSA Troop 276 be held liable for any first aid rendered or treatment, drug and medicine or surgical procedure performed pursuant to this consent.

Name (Scout) _____ Phone _____

Address: _____

Father's or Guardian's Name (printed) : _____

Signature: _____

Mother's or Guardian's Name (printed): _____

Signature: _____

In any emergency notify: _____

If an injury makes it advisable to see a doctor's services, please call:

Address: _____

Phone: _____

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Address: _____

Father's or Guardian's Name (printed) : _____

Signature: _____

Mother's or Guardian's Name (printed): _____

Signature: _____

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If an injury makes it advisable to see a doctor's services, please call:

Address: _____

Phone: _____