

**CONSENT TO PARTICIPATE AND AUTHORIZATION FOR
CONSENT TO MEDICAL TREATMENT OF A MINOR**

Marin Council Philmont Contingent
Marin Council, Boy Scouts of America

Permission to Participate In Activities of Boy Scouts of America. The undersigned gives permission for _____ to participate in the activities of Boy Scouts of America.

Authorization for Adult to Consent to Medical and Dental Treatment (California Family Code §§ 6901, 6902, 6910). In connection with these activities, the undersigned hereby authorizes the Scoutmaster, Assistant Scoutmasters, or Advisors of the Philmont Crew, and any agent(s) so designated by them, into whose care the Scout has been entrusted, to consent to medical care, which includes X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act of California or under the equivalent laws of another state, and dental care, which includes X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act of California or under the equivalent laws of another state.

Authorization to Release Treated Minor to Adult (California Health and Safety Code § 1283(a). The undersigned further authorizes any of the adults in whose custody the Scout was entrusted, to receive physical custody of the minor upon completion of any treatment. The undersigned specifically instructs any treating health facility to surrender physical custody of the minor to any of the adults in whose custody the Scout was entrusted.

Duration of Consents and Authorizations. The above consents and authorizations are effective while the minor is participating in and traveling to or from an activity of the Boy Scouts of America and until revoked in writing by the undersigned and delivered to the Adult agent. The consents and authorizations given by this document are intended to comply not only with the requirements of California law, but also with the comparable laws of any other jurisdiction.

The undersigned is (one): a parent (or) the legal guardian of the Scout. (Only one signature needed.)

Date: _____

(Signature of parent or guardian having custody of guardian)

Mother or Guardian:	Father or Guardian:
Address:	Address:
Telephone*:	Telephone*:
Beeper:	Beeper:
Mobile:	Mobile:
Insurance Carrier:	Policy No.:
Physician's Name:	Telephone:

*Please indicate if number is home (H) or business (B) and include area code.