

TROOP 777
Desert Pacific Council
Boy Scouts of America

AUTHORIZATION AND CONSENT TO SECURE MEDICAL TREATMENT
JANUARY 1, 2007 TO DECEMBER 31, 2007

I/We, the undersigned, do authorize and give consent to Tom Szczotka, currently registered SCOUTMASTER OF TROOP 777, BSA, or his direct replacement or duly designated substitute as agent for the undersigned, to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care, for the below named minor which may be deemed advisable and rendered by a Physician licensed under the provisions of the Medical Practices Act, or any Dentist licensed under the Dental Practices Act, whether such diagnosis or treatment is rendered at the office of said Physician or Dentist, at a hospital, Scout Camp or elsewhere.

I/We, the undersigned, do further authorize and give consent to the below named minor to participate in the activities, either indoor or outdoor, either short term or long term, of TROOP 777, BSA, for the period of time indicated above. This permission to participate shall include all time spent at such Camp or Event conducted by the herein named Boy Scout Troop and specifically authorized by the Boy Scouts of America, Inc.

This authorization/permission shall remain in effect for the period of time specified above unless otherwise revoked in writing by the undersigned or his/her/their duly authorized agent or by other means recognized as legal and proper.

NAME OF MINOR: _____
DATE OF BIRTH: _____ SCHOOL GRADE _____
ADDRESS: _____
FATHER /GUARDIAN: _____ PHONE: _____
MOTHER/GUARDIAN: _____ PHONE: _____
EMERGENCY CONTACT: _____ PHONE: _____
INSURANCE CO: _____ POLICY/GROUP #: _____
PHYSICIAN: _____ PHONE: _____
DENTIST: _____ PHONE: _____
ALLERGIES: _____
SPECIAL NOTES: _____

AUTHORIZED SIGNATURE(S): _____ DATE: _____
_____ DATE: _____

This Form Must Be On File With Troop 777 For A Scout To Participate In Any Activity.
If Not On File, The Scout's Parent/Guardian May Be Required To Attend The Activity.