

Troop _____

Emergency Care Consent Form/Permission Slip

Scout Name _____ Home Phone _____

Parent/Guardian Relationship _____

Address _____ City _____ State _____ Zip _____

IN CASE OF EMERGENCY NOTIFY (other than parent/guardian):

Name _____ Phone _____ Relationship _____

Other number where parent/guardian can be reached _____

Work Phone _____ Company Name _____

AUTHORIZATION TO TREAT A MINOR

I parent/guardian, do authorize all medical, surgical, diagnostic, x-ray, and hospital procedures as may be performed or prescribed by a treating physician for Scout if I cannot be reached in case of emergency, and I agree to financial responsibility for said treatment.

Signature of parent/guardian _____ Date _____

MEDICAL INFORMATION ON SCOUT

Date of birth _____ Last tetanus _____

Physician _____ Phone _____

Allergies _____

Pertinent Medical Info _____

Regular Medication _____

Insurance _____

Policy # _____