

ALTADENA TROOP 1

PERMISSION SLIP & EMERGENCY CONSENT TO TREAT

ACTIVITY:

DATE(S):

MEET:

WEAR:

BRING:

COST:

RETURN:

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EMERGENCY CONSENT TO TREAT

(I) (we) the undersigned parents(s) or guardian(s) of:

_____, a minor, do hereby authorize the ADULT LEADER(S) IN CHARGE as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 on the part of the aforesaid agent(s) to give specific consent to the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and Section 1283 of the Health and Safety Code of California.

This authorization shall remain effective through (m/d/yr) _____ unless revoked in writing and delivered to said agent(s).

DATED: _____ SIGNED: _____
(Parent / Legal Guardian)

During this activity I can be reached at the following number(s):

Phone: _____ or _____

List current changes to the health history on file below (use back of sheet if necessary):