

Authorization and Consent to Treat

Name: _____ Date of Birth: _____

Address: _____

Phone(s): _____

I certify that to the best of my knowledge I am physically fit to engage in activities for the National Youth Leadership Course.

Please mark one of the following:

I take NO Medication and have NO Known Allergies

I DO take Medication or have KNOWN Allergies

List all medications and/or known allergies: _____

Signed: _____ Date: _____

Pursuant to California Civil Code Section 25.8

The undersigned does hereby authorize the Leaders of the National Youth Leadership Training – Sequoia Council, BSA, or such substitute as they may designate as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the provision of medicine practice act or any dentist licensed under the dental practice act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere. This authorization will remain effective while the above is en route to or from or participating in any Boy Scout program or activity of the National Youth Leadership Training Course – Sequoia Council, BSA, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

This authorization (circle one) **WILL** / **WILL NOT** allow the dispensing of Advil, Tylenol, Aspirin, or Motrin by the staff medical personnel.

Signed: _____ Date: _____

In Case of Emergency Please Notify:

Name: _____

Address: (H) _____

Phone: (H) _____

Cell Phone and/or Pager _____

Address: (W) _____

Phone: (W) _____

Cell Phone and/or Pager _____

Medical Insurance Information:

Company or Provider: _____

Phone: _____ Policy/Group Number: _____