

National Youth Leader Training Authorization and Consent to Treat a Minor

Pursuant to California Civil Code Section 25.9
Pursuant to California Civil Code Section 12552

Name of Minor: _____ Date of Birth: _____

The undersigned do hereby authorize National Youth Leadership Training, Boy Scouts of America, or such substitute as designated as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for 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 Act or of any dentist licensed under the Dental Practice Act, which such diagnosis or treatment is rendered at the office of such physician or dentist, at the hospital, Scout Camp, or elsewhere.

This authorization will remain effective while the above minor is in route to or from, or involved or participating in any Boy Scout program or activity of the National Youth Leadership Training and/or the Greater Los Angeles Area Council, Boy Scouts of America unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

FATHER OR GUARDIAN Name: _____

Signature: _____ Date: _____

MOTHER OR GUARDIAN Name: _____

Signature: _____ Date: _____

HOME ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____

INSURANCE CARRIER: _____ POLICY #: _____

Name of Minor: _____

IMPORTANT MEDICAL INFORMATION (ALLERGIES, MEDICATIONS, ETC):

All medications must be in **Zip-Lock bag labeled with Scout's name and have written instructions for administering**. Medications must be in original prescription containers.

SPECIAL DIETARY NEEDS: _____

