

BOY SCOUT TROOP 601 CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I, \_\_\_\_\_ am the parent and/or legal guardian  
of \_\_\_\_\_ who was born on \_\_\_\_\_,  
is \_\_\_\_\_ years old, and who resides at

\_\_\_\_\_

I authorize the adult leader in charge of a Troop 601

to consent to emergency treatment which may be deemed necessary  
for my minor child, named above. Such treatment to include, but  
not be limited to, examination, x-rays, laboratory tests, medical  
and surgical treatment, use of medication, anesthetics, sutures  
and admission for hospital care as may be required, when efforts  
to contact me are unsuccessful.

It is understood that such care will be on the advice of duly  
licensed medical practitioner.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Sworn to before me this \_\_\_\_th day  
of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Notary Public

Medial History of Above Minor Child

Child's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone numbers where Parent or Guardian may be reached:

\_\_\_\_\_