

AUTHORIZATION AND CONSENT TO MINOR

Pursuant of Montana Code 52-2-736

MEDICAL RELEASE FORM

Name of Minor: _____

Date: _____ - valid for 1 year from date of authorization.

Pack # _____ Troop # _____ Exploring Post # _____ Venturing Crew # _____ Ship # _____

The undersigned do hereby authorize
(Name of Leader) _____

or any such substitute as may be designated as agent for the undersigned to consent to an 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 Provisions of Medical Practice Act or of 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.

Please print all information

Parent or Guardian: _____

Witness: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work/Home Fax: _____

Home Phone: _____ Cellular Phone: _____

Primary Carrier: _____ **Policy #:** _____

Secondary Carrier: _____ **Policy #:** _____

Parent or Guardian
Signature: _____

Witness
Signature: _____

This authorization will remain effective while the above minor is enroute to or from, involved, or participating in any Boy Scout program or activity of the Montana Council, Boy Scouts of America, unless revoked in writing by the above, signed, and delivered to the aforesaid agent.

See reverse side for activity release.

AUTHORIZATION AND CONSENT TO MINOR

Pursuant of Montana Code 52-2-736

ACTIVITY RELEASE FORM

Cub Scout, Boy Scouts, Explorers or Venturers only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the Archery Range Staff of the Montana Council, Boy Scouts of America, to furnish a bow and arrows to the above minor for engaging in lawful, recreational archery shooting sports including instruction in the safe handling and shooting of bow and arrows, target and competition shooting, and related activities.

Parent or Guardian

Signature: _____

Witness

Signature: _____

Boy Scouts, Explorers or Venturers only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the Rifle Range Staff of the Montana Council, Boy Scouts of America, to furnish a rifle, shotgun, or BB device (including BB rifle or pellet rifle), and live ammunition to the above minor for engaging in lawful, recreational shooting sports including instruction in the safe handling and shooting of firearms, target and competition shooting, and related activities.

Parent or Guardian

Signature: _____

Witness

Signature: _____

Cub Scouts only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the Rifle Range Staff of the Montana Council, Boy Scouts of America, to furnish a BB device (BB rifle) to the above minor for engaging in lawful, recreational shooting sports including instruction in the safe handling and shooting of firearms, target and competition shooting, and related activities.

Parent or Guardian

Signature: _____

Witness

Signature: _____

Boy Scouts, Explorers, or Venturers only:

The undersigned, parent or guardian of the minor listed on the reverse side, gives express permission for the C.O.P.E. or Climbing Staff of the Montana Council, Boy Scouts of America, to furnish Climbing Equipment for the purpose of instruction and activity in the Project C.O.P.E. or Climbing Program.

Parent or Guardian

Signature: _____

Witness

Signature: _____