BSA TROOP 454 PERMISSION SLIP

Register at http://sites.gec-bsa.org/t454/registration.html

I hereby give my permission for	to go on a scout outing to
, from (DATE)	to (DATE)
MEDICAL C	ONSENT
(I)(We), the undersigned parent/guardian of authorize Troop 454 as agent(s) for the undersigned to con surgical diagnosis or treatment and hospital care which is deem or special supervision of, any physician and surgeon licensed medical staff of any hospital whether such diagnosis or treatm hospital.	ned advisable by, and is to be rendered under the general under the provisions of the Medical Practice Act on the
care being required but is given to provide authority and pow consent to any and all such diagnosis, treatment or hospital of his/her best judgment may deem advisable. This authorization is given pursuant to provisions of	rer on the part of our aforesaid agent(s) to give specific care which aforementioned physician in the exercise of Section 25.8 of the Civil Code of California. Divided treatment to the above named minor pursuant to surrender physical custody of such minor to (my) (our)
The above-named boy has an allergic reaction to	0
Medication taken	
Are there any current medical conditions that th	e Tour Leader should know about?
Yes Explain	
	ze you to debit my Scout Account
	Name of adult (if participating)
Signature of Parent/Guardian	Date
Insurance No. or Military ID Card No.	Emergency Telephone No.

The form must be signed and turned in to the tour leader at the beginning of the outing for your son to attend this function. This reservation obligates you for the cost of the trip whether or not your son participates.