

Emergency Consent for Minors

**PACK 374 - PIONEER DISTRICT, SANTA CLARA COUNTY COUNCIL,
CALIFORNIA
BOY SCOUTS OF AMERICA**

**EMERGENCY CONSENT FOR MINORS
(and Authorization regarding Administration of
Certain Over-the-Counter (OTC) Medications)**

General Health/Medical Care Authorization:

I/We, the undersigned, parent(s) or guardian(s) of _____,
a minor, do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, or a licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentist.

It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

Authorization re Administration of Certain Over-the-Counter (OTC) Medications:

In addition to the above, and in keeping with Pack policy, the above named Scout may self administer labeled OTC medications from his personal medical kit in the presence of a registered adult scout leader. My son may take the following medications:

Comments: _____

The above authorization(s) shall remain in effect until ____/____/____ unless sooner revoked in writing, delivered to said agent(s).

Signature(s) of Parent(s) or Guardian(s)

PRINT NAME: _____

SIGNATURE: _____ Date _____

PRINT NAME: _____

SIGNATURE: _____ Date _____