

TROOP 212, ARCHERY PARENT RELEASE

I hereby make application for Scout: _____ of B.S.A. Troop #212 for a place in the camp, trip, or event, as described below, as well as the Thursday night food shopping event held just prior to and in support of this outing/event, by troop vans, cars, trucks or public transportation. Said member is to be amendable to such rules and regulations as may be made by the Executive Board or its representative, as well as the Scoutmaster or his authorized assistants. It is expressly understood by the parents or guardian that the member for whom this application is made is in a condition of health that warrants his taking part in this event, and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said outing. (See authorization below.)

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), undersigned parent(s) of _____ a minor, do hereby authorize the Scoutmaster or his authorized representative as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision, of any physician or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care which the aforementioned physician, in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the date of the event given below.

PLACE: Firestone Scout Camp, Brea, CA
DATES: Friday November 12 through November 14, 2010
MEETING TIME & PLACE: Church Parking Lot at 7 PM.
RETURN TIME & PLACE: Same Parking Lot 1:00 PM.
MODE OF TRANSPORTATION: Troop Trucks, Vans & Cars.
EMERGENCY PHONE NUMBER WHERE PARENT MAY BE CONTACTED: _____
PRIVATE INSURANCE CARRIER: _____ POLICY: # _____
SPECIAL MEDICATIONS: _____ BLOOD TYPE: _____

- PLEASE NOTE: (1) ANY ALLERGIES TO FOOD, MEDICINE, ANIMAL, PLANT OR INSECT TOXINS, ETC.? PLEASE EXPLAIN ON BACK OF FORM.
(2) ANY RESTRICTION OF ACTIVITIES FOR MEDICAL, REASONS? PLEASE EXPLAIN ON BACK OF FORM.
(3) PLEASE BRING MONEY AS WE WILL STOP ON THE WAY HOME.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

SPECIAL PARENT PERMISSIONS:

1. California Penal Code Section 12552 prohibits furnishing firearms to minors under 18 without the express or implied permission of the parent/guardian of the minor. Understanding this, does the Scout named above have permission to handle & shoot firearms during this outing? Archery is considered a firearm in California.

Please circle one: (Yes) (No) INITIALS _____

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____