

BSA TROOP 47
 Parental Consent Form
 March 31, 2007 to March 31, 2008

Name _____ Age _____ Birth Date _____
 Address _____ Phone _____
 City _____ State _____ Zip Code _____
 School _____ Grade in or just completed _____
 Parent(s) Phone Numbers: Home _____
 Work _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child,

 (Name of child)

to attend and participate in activities sponsored by BSA Troop 47.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical or dental emergency surgery or medical treatment, and hospital care, including, but not in limitation to emergency surgery or medical treatment, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by BSA Troop 47.

Hospital Insurance	Yes	No	Insurance Company _____
Policy Number _____			Scout _____ Date _____
Physician _____			Father _____ Date _____
Emergency Phone Numbers:			Mother _____ Date _____
_____			Legal Guardian _____ Date _____

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.