

WESTERN L. A. COUNTY COUNCIL
BOY SCOUTS OF AMERICA

TROOP 464, WOODLAND HILLS
SCOUTMASTER: ALEX BALIAN

**TROOP 464
PARENT PERMISSION SLIP**

Activity: _____
Location: _____
Dates of Activity: _____ Activity Cost: \$ _____
Transportation: _____ Extra Money: \$ _____
Leader's Name: _____ Emergency Contact: _____
phone #: (____) _____

Departure from: _____ Departure time: _____
Return pick-up place: _____ Return time: _____

===== Fold & Tear Here -- Return Bottom of Form =====

ACTIVITY CONSENT, RELEASE & AUTHORIZATION TO TREAT MINOR

Boy's Name: _____ Patrol: _____

Activity: _____ Location: _____
Dates if Activity: from _____ to _____ Fees Enclosed: \$ _____
Parent Participating YES NO Parent can drive YES NO

Parent / Guardian's Emergency Phone Number (____) _____

RESTRICTIONS AND CONDITIONS

My son is on medication (describe) _____ Time & Quantity _____

My son has the following medical or physical restrictions _____

RELEASE FROM LIABILITY & AUTHORIZATION TO TREAT MINOR

I, the undersigned, being a parent or legal guardian of _____ a member of the Boy Scouts of America, Troop 464, do hereby give my consent and permission for him to be transported to an from and participate in the above described activity at the time and place set forth above. In consideration of the benefits to be derived from the aforesaid activity, I hereby voluntarily waive any claim against the local Boy Scout Council, National Council, Local Unit, its sponsoring institution, all Scout Leaders and the owner and driver of the car(s) in which by son (ward) is to receive transportation to and from said activity for any and all causes which may arise in connection with said trip or any phase or part thereof.

I do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care deemed advisable by the aforementioned physician in the exercise of his best judgment. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of section 258 of the Civil Code of California.

DATED THIS ____ DAY OF _____, 1999 SIGNED _____