

Pacific Skyline Council Boy Scouts of America
AUTHORIZATION AND CONSENT TO MINOR
 Pursuant of California Civil Code Section 25.8
 Pursuant to California Penal Code Sections 12078, 12101 and 12552
MEDICAL RELEASE FORM

Name of Minor: _____ Date: _____

Pack # _____ Troop # _____ Exploring Post # _____ Venturing Crew # _____ Ship # _____

The undersigned do hereby authorize the Oljato Camp Director or Oljato Health officer or any such substitute as may be designated as agent for the undersigned to consent to an X-Ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provisions of Medical Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp, or elsewhere.

Please print all information

Parent or Guardian: _____

Witness: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work/Home Fax: _____

Home Phone: _____ Cellular Phone: _____

Primary Carrier: _____ **Policy#:** _____

Secondary Carrier: _____ **Policy #:** _____

Parent or Guardian **Signature:** _____

Witness **Signature:** _____

This authorization will remain effective while the above minor is enroute to or from, involved, or participating in any Boy Scout program or activity of the Pacific Skyline Council, Boy Scouts of America, unless revoked in writing by the above, signed, and delivered to the aforesaid agent.