

Minor's Name: _____ **Date of Birth:** _____

AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

I, the undersigned, hereby authorize the adult bearer(s), as a representative of Troop 709, Boy Scouts of America, Quicksilver District, Santa Clara County Council, California ("agents") and / or the Church of Jesus Christ of Latter-day Saints Young Men's organization, 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 and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital; or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-designated agents to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician or dentist in the exercise of his or her best judgment may deem advisable. This authorization is given pursuant to the provisions of Sections 6901-6910 of the Family Code of California.

I hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of the Family Code of California to surrender physical custody of such minor to any of the above-designated agents upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

I authorize: Medical _____ Dental _____
Initial Initial

AUTHORIZATION & CONSENT FOR HANDELING AND USE OF FIREARMS

Pursuant to California Penal Code, Section 12552 , The undersigned, parent or guardian of the listed minor, gives express permission for the activity leaders, activity organizers, or activity coordinators, to furnish a Firearm (rifle or pistol) , shotgun, BB device (including BB rifle or pellet rifle), Paint Gun, or Archery equipment to the above minor for engaging in lawful, recreational shooting sports including instruction in the safe handling and of firearms, target and competition shooting, and related activities.

I understand that the handling and use of Firearms or Archery equipment involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after careful considering the risk involved, and in view of the fact that participation is voluntarily, and having full confidence that precautions will be taken to ensure the safety and well-being of my child, I have given the above named consent to participate.

I authorize: Archery _____ Firearms _____ Paint Ball _____
Initial Initial Initial

Youth may not shoot firearms or Archery equipment without written parental consent

AUTHORIZATION & CONSENT FOR PARTICIPATION IN ROCK CLIMING ACTIVITIES

Climbing / COPE Parental Informed Consent and Hold-Harmless - I understand that participation in climbing and COPE activities involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after careful considering the risk involved, and in view of the fact that participation is voluntarily, and having full confidence that precautions will be taken to ensure the safety and well-being of my child, I have given the above named consent to participate.

I authorize: Climbing Wall _____ Rock Climbing _____ COPE (High Ropes) _____
Initial Initial Initial

Youth may not climb without written parental consent

This authorization will remain in effect while the above minor is en route to or from, or involved in, or participating in, any Boy Scout / Young Men's program or activity for the **2008 Calendar Year**, unless revoked in writing by the undersigned, and delivered to the aforesaid agent. As the undersigned, I wave all claims against the activity leaders, activity organizers, activity coordinators, all employees, volunteers, or sponsors associated with the above approved activities.

Special Diet Allergies Medication Chronic/Recurring Illness Surgery or Serious Illness in Past Year
 Physical Condition that Limit Activity If Yes, Explain Below. _____

Insurance Carrier Number
and Contact Information: _____

Parent or Guardian Signature: _____ **Date:** _____

Parent or Guardian Phone: _____

California Family Code—Division 11, Minors—Part 4, Medical Treatment

' 6900. Definitions to govern construction

Unless the provision or context otherwise requires, the definitions in this chapter govern the construction of this part.

' 6901. "Dental care"

"Dental care" means X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care by a dentist licensed under the Dental Practice Act.

' 6902. "Medical care"

"Medical care" means X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act.

' 6903. "Parent or guardian"

"Parent or guardian" means either parent if both parents have legal custody, or the parent or person having legal custody, or the guardian, of a minor.

' 6910. Parent or guardian may authorize care provider to consent

The parent or guardian of a minor may authorize in writing an adult into whose care a minor has been entrusted to consent to medical care or dental care, or both, for the minor.

California Health & Safety Code—Division 2, Licensing Provisions—Chapter 2, Health Facilities—Article 3, Regulations

' 1283. Surrender of custody of minor under age 16.

(a) No health facility shall surrender the physical custody of a minor under 16 years of age to any person unless such surrender is authorized in writing by the child's parent or the person having legal custody of the child.

(b) A health facility shall report to the State Department of Health Services, on forms supplied by the department, the name and address of any person and, in the case of a person acting as an agent for an organization, the name and address of the organization, into whose physical custody a minor under the age of 16 is surrendered, other than a parent, relative by blood or marriage, or person having legal custody. Such report shall be transmitted to the department within 48 hours of the surrendering of custody. No report to the department is required if a minor under the age of 16 is transferred to another health facility for further care or if such minor comes within Section 300, 600, 601, or 602 of the Welfare and Institutions Code and is released to an agent of a public welfare, probation, or law enforcement agency.