

**BSA Troop 723 Placentia, CA**  
**Parental Consent to Scout Activity and Authorization for**  
**Medical or Dental Care**

(**Adult**) \_\_\_\_\_ has my permission to attend BSA Troop 723 activities during the fiscal year starting **February 1, 2005** and ending **January 31, 2006**. Should emergency medical treatment be required, this is authorization to obtain treatment.

I **MAY** receive medical attention, including any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to such under the general or special supervision, and on the advice of, a physician and surgeon licensed under the provisions of the Medical Practice Act; or any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered to me by a dentist licensed under the provisions of the Dental Practice Act.

I am in good physical condition. Should any illness or injury occur to me on this scout activity, I will not hold the Boy Scouts of America or its officers, leaders, agents, or members liable for medical, surgical, hospital, dental or other expenses incurred in my care. This authority shall empower the Boy Scouts of America or its officers, leaders, or agents to sign such forms, documents, waivers, and consents as shall be necessary to obtain such services.

Allergic to: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Special Considerations or Medications: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Plan code / Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Identification Number: \_\_\_\_\_

Coverage Under Name: \_\_\_\_\_

Telephone Number for Coverage Verification: \_\_\_\_\_

Signature \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

**(please return with your scouts annual registration renewal)**