

AUTHORIZATION AND CONSENT FORM
PURSUANT TO CALIFORNIA CIVIL CODE SECTION 25.8
PURSUANT TO CALIFORNIA PENAL CODE SECTION 12552

Scout Name _____ Pack # _____

The undersigned hereby authorizes the Camp Director – Camp Mensinger, Greater Yosemite Council, Boy Scouts of America or such substitute as he may designate as agent for the undersigned to consent to any 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/or surgeon, 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.

Further, the undersigned consent that the rifle range instructor of the above named Boy Scout Council may furnish a B.B. gun to the above minor for the purpose of instruction in the safe handling and shooting of B.B. guns and related activities.

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

DATE

SIGNATURE OF FATHER OR GUARDIAN

WITNESS

SIGNATURE OF MOTHER OR GUARDIAN

ADDRESS OF PARENTS OR GUARDIANS

PHONE (HOME)

PHONE (MOBILE)

EMERGENCY CONTACT: _____ PHONE (H) _____

(M) _____