

**AUTHORIZATION AND CONSENT TO TREAT MINOR**  
**PURSUANT TO CALIFORNIA CIVIL CODE SECTION 25.8**  
**PURSUANT TO CALIFORNIA PENAL CODE SECTION 12552**

The undersigned hereby authorizes the Camp Director – Camp McConnell/Camp Mensinger, Greater Yosemite Council, Boy Scouts of America or such substitute as she/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 below named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and 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.

Furthermore, the undersigned consent that the Shooting Sports instructor(s) and Archery instructor(s) of the above named Boy Scout Council may furnish a shooting sports equipment and archery equipment to the below minor for the purpose of instruction in the safe handling and utilization of firearms, archery and related activities.

This authorization will remain effective while the below minor is enroute to or from or involved or participating in any Scouting 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.

(Note: In addition, I also give my permission for myself and/or my child to be photographed at camp for future camp promotions.)

Name of Minor: \_\_\_\_\_

\_\_\_\_\_ Date Signature of Father or Guardian

\_\_\_\_\_ Witness Signature of Mother or Guardian

\_\_\_\_\_ Address of Parents or Guardians City Zip

( ) \_\_\_\_\_  
Phone (Home)

( ) \_\_\_\_\_  
Phone (Business)

Emergency Contact: \_\_\_\_\_  
Name

Phone (h) ( ) \_\_\_\_\_

(b) ( ) \_\_\_\_\_