



TROOP 161
Bethesda Presbyterian Church
Consent For Medical Treatment

Consent for (Scouts Name): _____ **SSN:** ____ - ____ - _____

In the event that my child becomes ill or injured while under Troop/Pack supervision, I approve of the Troop/Pack leaders taking the following steps:

1. Contact a parent or legal guardian of the Scout and follow his/her instructions.
2. In the event of an emergency when neither parent or legal guardian can be reached immediately, the scout leaders are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and /or treatment, with such transporting to be done either by Troop/Pack provided transportation or , if scout leaders deem it wise, by ambulance.

If in the opinion of a licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I authorize, appoint, and empower the Troop/Pack leaders to furnish on my behalf such written or oral authorization as may be so required.

Furthermore, I release Troop/Pack 161, any of its leaders, and the sponsoring organization from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished such medical or surgical services as soon as possible after the need arises. I agree to be responsible for all medical services, which result from the above treatment without my consent.

Signature of Parent/Guardian: _____

Date: _____

In case of an emergency I can be reached at _____

My Insurance Company is _____

Policy Number: _____ (attach a Photo Copy of Card if possible)

List any Medications your child is taking or may require.

List any allergies or allergic reactions to medication your child may experience.

