



# BOY SCOUT TROOP 457

Authorization and Consent to Treat Minor



Name: \_\_\_\_\_

Troop 457 / Patrol: \_\_\_\_\_

Campsite: \_\_\_\_\_

\_\_\_\_\_  
*Name of Scout*

\_\_\_\_\_  
*Date of Birth (MM / DD / YYYY)*

\_\_\_\_\_  
*Name of Patrol*

The undersigned, as parent/guardian of above-named scout, does hereby authorize the above-named scout to travel from Miami, Florida with Troop 457 and its leadership and participate in camp out activities at:

\_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
*Campground / Event* *City* *ST*

from \_\_\_\_\_ through \_\_\_\_\_  
*Begin Date* *End Date*

The undersigned does hereby authorize Troop 457 of the South Florida Council, the Boy Scouts of America and any of its leadership to take any action deemed necessary in the care of the above-named scout, including, but not limited to, the authorization of any and all emergency or normal medical and dental care.

It is understood that every effort will be made to contact the parent/guardian or the emergency contact listed below.

I will be ultimately responsible for any medical or dental expenses incurred on the above-named scout's behalf.

This authorization will remain effective while the above-named scout is on route to or from, or involved or participating in, any Boy Scout program or activity. I, the parent/guardian, certify that, to the best of my knowledge, the above-named scout is in good health and able to participate in this Boy Scout activity.

Important medical information (allergies, medication, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
*Signature* *Date*

Witness \_\_\_\_\_  
*Signature*

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_