

MEDICAL AUTHORIZATION
BOY SCOUT TROOP 849

I am the parent having legal custody of Boy Scout

I hereby authorize the adult leaders of Boy Scout Troop 849 ("Leaders"), into whose care my son has been entrusted, to consent to or consent to and agree to pay for medical or dental treatment or care for my son under Section 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to or consent to and agree to pay for any medical or dental treatment or care (including transportation) to be rendered to or for my son, under the general or special supervision of a qualified physician, surgeon, or dentist.

I further authorize the Leaders to receive physical custody of my son under Section 1983(a) of the California Health and Safety Code upon completion of any treatment, and I specifically instruct any treating health facility to surrender the physical custody of my son to the Leaders.

Date: _____
Parent

Phone No. (____) _____

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