

TROOP 224 BOY SCOUTS OF AMERICA

CONTINUING CONSENT TO TREATMENT

I (we), the undersigned, parent(s) (legal guardian) of _____, minor, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor, under the instructions of the registered leaders or committee members of Troop 224.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of my child to exercise his judgment as to the requirements of such diagnosis or medical or surgical treatment. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

This consent shall remain effective as long as my child is registered with Troop 224, unless sooner revoked in writing, delivered to the Scoutmaster of Troop 224.

Dated _____

(Father)

(Mother)

(Legal Guardian)

Doctor _____ Phone _____

Date of last tetanus inoculation _____

Any reaction to penicillin or other drugs? _____

Does your son take any medication? _____

Dated _____ Signed _____

(Parent or Guardian)

Home Phone # _____

Mom's work # _____ Mom's cell # _____

Dad's work # _____ Dad's cell # _____

Alternate emergency contact and their phone # _____

Does your son have a medical condition that we should know about? (Please explain).

