

# 2008 Orange Frontier District Camp-O-Ree & Webelos-Ree

## Youth and Adult Permission & Emergency Medical Form

This form should be duplicated in sufficient copies for all Scouts. A signed and completed form **must** be brought to the Camp-O-Ree with unit leaders. Please make two (2) copies for each youth attending Camp-O-Ree. One to turn in at registration and one for you to keep in camp.

I request my son, \_\_\_\_\_, be permitted to go with his Boy Scout Unit on a trip to \_\_\_\_\_ on (date) \_\_\_\_\_. He is in good physical condition. Should any illness or accident occur to him on the trip, I will not hold liable the Boy Scout Council of Orange County, its officers, or leaders for said or for any medical aid rendered and will reimburse the Boy Scout Council of Orange County or its Leaders for medical or other expenses incurred in the care of my son.

I am ( ) one of the parents having legal custody, I am ( ) the parent having legal custody, I am ( ) the legal guardian (check applicable) of the above - named son, a minor. I hereby authorized the giving of first aid to my son. I further authorize any adult Boy Scout Leader on the above event to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. Parents will be contacted immediately if possible. This authorization is given pursuant to California Civil Code, Section 25.8. If my son does require medical treatment, I authorize the treating authority to release him to an adult Boy Scout Leader.

Doctor (name & town) \_\_\_\_\_ Phone: \_\_\_\_\_

Christian Science Practitioner:  
(name & town) \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Allergic to: \_\_\_\_\_

List any medications being taken presently with directions and dosage.

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

Parent Phone: \_\_\_\_\_

Emergency Phone (name): \_\_\_\_\_ Number: \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_  
(Parent or legal guardian)