

BSA TROOP 303 PARENT / GUARDIAN CONSENT FORM

To whom it may concern:

Scout's Name	Date of Birth	Telephone Number

Address

has my permission to participate in _____

to be held from _____ to _____

at _____

I approve of the leaders who will be in charge of this activity. I also certify that to the best of my knowledge the Boy Scout named herein is physically fit to engage in the activity described above.

Date	Signature	Relationship

AUTHORIZATION AND CONSENT TO TREAT MINOR

Pursuant to State of Georgia Civil Code:

The undersigned does / do authorize the adult leadership of BSA Troop 303 or such substitute as he / she may designate for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act or any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, Scout camp or elsewhere.

This authorization will remain in effect while the above minor is en route to or from or involved or participating in any Boy Scout program or activity of the Northeast Georgia Council Inc., Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforementioned agent.

Date	Father / Guardian	Telephone Number

Date	Mother / Guardian	Telephone Number

During the above-stated dates, the following can be reached in an emergency with the Scout herein named

Name	Telephone Number

Name	Telephone Number