

# 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).

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