



Petaluma, California

Troop 2

Medical Release & Permission Slip

Boy Scouts of America Redwood Empire

Name of Minor: _____

The undersigned does hereby authorize the Scoutmaster and/or members of his staff, as agent 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 Act, or of any dentist licensed under the Dental Practice Act.

This authorization will remain effective while the above minor is en route to or from, or involved or participating in any Boy Scout program or activity of Troop 2 of the Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

The undersigned also hereby grants permission for the aforementioned minor to attend an outing with Troop 2. The outing is scheduled to begin on _____ and conclude at _____.

The destination _____.

Contact phone number

Medical Insurance

Parent(s)/Guardian signature

Date