



Amangi Nacha Lodge 47



Amangi Nacha Lodge #47 Golden Empire Council 2006 Medical Release/Parent Consent Form

For youth under age 18:

I/We, _____, do hereby give consent for _____
(Parent(s)/Guardian Name) (Scout's Name)

to participate in all OA activities for calendar year 2006, effective _____ (date).

I/We, the undersigned, parent or guardian of said minor, do hereby authorize the Adult Leader(s) in charge as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which deem advisable by, and is to be rendered by or under the general or specific supervision of any physician and/or surgeon licensed under the Medical Practices Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital are required, but is given to provide authority on the part of aforesaid agent for treatment deemed advisable. Adult leader(s) will make every effort to contact the Parent(s) or Guardians as soon as possible. I also give my permission for the adult leader to treat minor injuries or illnesses while at the event.

In case of an accident or illness and medical attention is required for my/our adolescent/ward, it should be obtained and I/we accept full responsibility for all expenses occurred. I/we waive all claims against the leaders and officers of this activity, agents, and representatives of the Boy Scouts of America.

I hereby assign and grant to the Boy Scouts of America the right and permission to use and publish the photographs/film/video tapes/electronic representations and/or sound recordings made of me this date by the Boy Scouts of America, and I hereby release the Boy Scouts of America from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the Boy Scouts of America and I specifically waive any right to any compensation I may have for any of the foregoing.

Name(s): _____
Printed parent or guardian Printed parent or guardian

Signed: _____

Date: _____ Telephone: _(_____)_____

Family Doctor: _____ Telephone: _(_____)_____