

## 2008 Emergency Consent Form



If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, complete this EMERGENCY CONSENT FORM and return it to the scoutmaster. In the event of a medical emergency, the form should accompany your child to the hospital so medical treatment can be rendered.

I hereby authorize registered leaders of The Boy Scouts of America and parents, guardians, or other adults authorized by Troop 18 to lead scout activities to give consent for all medical and/or surgical treatment that may be required for my child while under their guidance.

Child's Name:

Chronic Illnesses:

Allergies:

Current Medications:

Date of Last Tetanus Immunization:

Other:

Physician:

Telephone:

Home address of parent/guardian:

Telephone:

Additional telephone numbers:

Employer:

Telephone:

Health insurance co:

Member number:

Group number:

Nearest relative:

Telephone:

Additional relative:

Telephone:

Signed, parent/guardian:

Date: