

# Boy Scout Troop 33



## EMERGENCY CONSENT FOR MINORS

I/We, the undersigned, parent(s) or guardian(s) of \_\_\_\_\_, a minor, do hereby authorize the adult leader(s) in charge as agents for us to consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment and hospital care which is deemed advisable by the medical staff of any accredited hospital, or a licensed dentist, as the case may be.

This authorization is in effect whether such diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentist.

It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician or dentist, in the exercise of their best judgment, may deem advisable.

This authorization shall remain in effect thru August 31, 2018, unless sooner revoked in writing, delivered to said agent(s).

Signature(s) of Parents(s) or Guardian(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_