

PARENT AUTHORIZATION FOR TRIP/ACTIVITY AND MEDICAL TREATMENT

I, the undersigned parent/guardian of _____
(Scout)

authorize his participation in the Golden Empire Council summer camp program at

_____ on _____,
(Name of camp) (Dates of Camp)

including travel to and from camp by motor vehicle. I understand the trip/activity will be under

the general supervision of _____.
(Registered Adult Leader's Name)

In case of emergency, I understand reasonable effort will be made to contact me. In the event I cannot be reached, I authorize the physicians or hospitals selected by the adult leader to provide medical treatment, including, without limitation, hospitalization, anesthesia, surgery, medication by injection or otherwise, and release to the adult leader.

(Signature of Parent/Guardian)

(Date)

(Address)

(24-hour Emergency Phone Number)

(Medical Insurance Co.)

(Policy Number)