

**BSA Troop|Crew 403  
Permission/Consent to treat/Hold Harmless**

Pursuant to California Civil Code Sections 25.8 and 215521, I also hereby authorize the Boy Scouts of America, or adult leader of Troop|Crew 403, or such substitute as designated as agent of 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 or dentist, at a hospital, scout camp or elsewhere.

This authorization will remain in effect while the above named minor is en route to and from, or involved or participating in any BSA program or activity including activities of Troop|Crew 403, unless revoked in writing by the undersigned, and delivered to the aforesaid agent.

I agree to hold harmless the members of Troop|Crew 403's committee, sponsor organizations and the adult leaders from any actions or incidents arising out of this activity. I realize that this activity does involve the inherent risk associated with backpacking, hiking, overnight camping in a mountain / high altitude / desert / beach environment. I also realize that the activities found in these areas including climbing, swimming, walking, etc. pose a certain degree of risk which may cause injury and/or death.

I also understand that insurance provided by the Boy Scouts of America is only supplemental to my own insurance. And, this supplemental insurance is only provided to those persons who are currently enrolled in the Boy Scouts of America.

I give permission for \_\_\_\_\_ to attend the Troop|Crew 403 outing to \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Date: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Name of parent or guardian: \_\_\_\_\_ (please print)

Home Address:

Street \_\_\_\_\_ Phone: Home: \_\_\_\_\_

City \_\_\_\_\_ Work: \_\_\_\_\_

Zip \_\_\_\_\_ Mobile: \_\_\_\_\_

**List any medications including dosage and administration instructions**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any known allergies and instructions for care**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_