

Boy Scout Troop 641
Adult Emergency Permission Form

1. (I), _____, the undersigned, do hereby authorize the bearer of this letter to act for the undersigned in the event that emergency treatment and/or hospital care is deemed advisable by, and is to be rendered under the general and/or special supervision of any licensed physician and/or surgeon.

2. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

3. Further, I understand that certain activities offered through Central Florida Council, Boy Scouts of America, involves a certain degree of risk. I have carefully considered the risk involved and hereby agree to participate in those activities

Date: _____ Signed: _____

Phone Number: _____ Cell Phone: _____
Emergency Contact Number: _____

Family Physician & Phone No.

State of Florida
County of _____

Before me personally appeared _____ and the person described in and who executed the foregoing instrument, and acknowledged to and before me that (he), (she), (they) executed said instrument for the purpose therein expressed.

Witness my hand and official seal,
This ____ day of _____, 20____

Notary Public