

Boy Scout Troop 641
Boy Scout Youth Emergency Permission Form

1. (I) (We), the undersigned, parents of _____, a minor, 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. (I) (We) also agree and understand that all activities offered through the Central Florida Council, Boy Scouts of America, involves a certain degree of risk. (I) (We) have carefully considered the risk involved and have given (my) (our) consent for participation in those activities. The bearer of this letter also has permission to transport my youngster to and from Boy Scout Troop 641, Ft. Gatlin District (Boy Scouts of America) scouting events.

Date: _____ Signed: _____
Parent or Guardian

Signed: _____
Parent or Guardian

Phone Number: _____ Cell Phone: _____
Pager: _____

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