

# Boy Scouts of America

## Troop 483

United Methodist Church  
201 E. Bennett Ave., Glendora, CA 91741  
(626) 335-4058



# PARENTS PERMISSION SLIP & CONSENT TO TREAT

TO: STEVE SALYARDS **Scoutmaster of Troop 483**

**I hereby approve Boy Scout** \_\_\_\_\_

Participating in a trip to SWIMMING MERIT BADGE CLASS

Meet at 10:00 AM On: SATURDAY, JULY 10, 2010

At: 320 N Loraine Ave, Glendora, CA

It is understood that he will be under the supervision of GREG MCALONEY & BARBARA JOHNSON who has filed a Tour Permit with the San Gabriel Valley Council, and has check to verify that Unit Insurance is in effect.

### Consent to Treatment Form:

The undersigned parents or guardian of the above referenced minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or specific instructions of a physician licensed to practice in the United States, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital licensed by the medical authority of any state of the United States.

It is understood that consent is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given in order that said physician may have the opportunity to exercise best judgment as to the action which may be necessary to protect the life and health of said minor child.

This consent shall remain effective while the above minor is enroute to or from, or involved or participating in any Boy Scout program or activity unless revoked in writing by the undersigned. And delivered to the Scoutmaster of Troop 483 Boy Scouts of America.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian City: \_\_\_\_\_ Parent/Guardian Phone: (\_\_\_\_\_)\_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_\_)\_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Insurance Phone: (\_\_\_\_\_)\_\_\_\_\_

Health Insurance ID Number, Policy Number, Group Number: \_\_\_\_\_

Special Medical Information (Allergies, Medications): \_\_\_\_\_

Note: Tear off on dotted line. Upper portion is to be returned to Unit Leader, lower portion is to be retained by parent/guardian for your information

Destination: 320 N Loraine Ave, Glendora, CA

Miles from home: 0 Nearest town: GLENDORA, CA

Boys should arrive back at approximately: 12:00 PM On: SATURDAY, JULY 10, 2010

Boys will arrive back to: Picked up by Parents/Guardens

If there should be undue delay in the anticipated hour of arrival home, the following person(s) will be notified:

Name: BARBARA JOHNSON Phone: 626-963-4551