

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 Beach Campout, San Mateo SB, San Clemente, CA

Leaving at 6:00PM On: March 5, 2010

From: UNITED METHODIST CHURCH, CA

It is understood that he will be under the supervision of STEVE SALYARDS

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: San Mateo SB

Miles from home: 60 Nearest town: San Clemente, CA

Boys should arrive back at approximately: 1:00PM On: SUNDAY, MARCH 7, 2010

Boys will arrive back to: HOME. DROPPED OFF BY TROOP

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

Name: JOANNE SALYARDS Phone: 909-596-9026