Girl Scouts of Greater Los Angeles Council

Greater Los Angeles Area Council BSA

TOURNAMENT TROOP 2025

PART A Consent Form (All scouts fill out PART A)

Scouts Name:	Email	
Address:	Cell Phone	
City, State and Zip:		
Date of birth:/ Home Phone		
Parent or Guardian cell phone:_(Father)	(Mother)	
If the above cannot be reached in case of emergency, Notify:		
Name:	Relationship:	
Address:		
Family Physician:	Phone : ()	
Address:		
Date of last tetanus shot: Insurance		
Please note any special medical considerations:		

_ Any Medication

Part B (All scouts and under 18 years old Parents fill out PART B) CONSENT TO TREAT

(I) (We), the undersigned, parent(s) of

a minor, do hereby authorize the ADULT LEADER(S) IN CHARGE as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the a forementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to Section 6910 of the California Family Code, and shall remain effective until January 9, 2025, unless sooner revoked in writing delivered to said agent(s).

Dated:	Father
Guardian:	Mother

Emergency telephone numbers <u>during the Parade ONLY</u>. Bruce Renfrew cell phone (626) 487 4505 Deanne Moore cell phone (626) 422-9846