

**TOURNAMENT OF ROSES TROOP 2022**

**MEDICAL CONSENT FORM**  
(required for all participants)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone : ( \_\_\_\_ ) \_\_\_\_\_

Parents or Guardian: Cell Phone: (Father) ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone: (Mother) ( \_\_\_\_ ) \_\_\_\_\_

If the above cannot be reached in case of emergency, notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone : ( \_\_\_\_ ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone : ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please note any special medical considerations:

\_\_\_\_\_  
\_\_\_\_\_

**CONSENT TO TREAT**  
(required for minors only)

(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 aforementioned 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, 2022, unless sooner revoked in writing delivered to said agent(s).

Dated: \_\_\_\_\_, 2022

Guardian: \_\_\_\_\_

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

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