

TOURNAMENT OF ROSES TROOP 2019

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, **2019** unless sooner revoked in writing delivered to said agent(s).

Dated: _____, **2018**

Guardian: _____

Father: _____

Mother: _____

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