

Power of Attorney, Medical Authorization, Release & Permission Slip

1. The undersigned parent and/or legal guardian of _____, and _____.
(My Child(ren),
2. My child is a duly registered Scout in Troop 79, Gulf Ridge Council, Boy Scouts of America. (Troop 79) It is my desire that my child participate fully and completely with the Scout program offered by Troop 79.
3. I hereby give my permission for my child to participate in all Scout outings, weekend campouts, Troop meetings, Leadership meetings, Merit Badge work shops, summer camps, community and Scout service projects, high adventure experiences and other trips that are sponsored and supervised by Troop 79.
4. In case of an emergency, I understand efforts will be made to contact me. Whether I can be reached in time or not, it is my desired that my child receive all medical treatment that a duly licensed and qualified, physician, physician's assistant, nurse, or emergency medical technician (Medical Provider) deems appropriate for the circumstances to treat for any illness or injury.
5. I hereby grant a limited power of attorney to any adult Scout leader in Troop 79, in possession of this form, to authorize medical treatment for my child and act in my child's behalf as a Temporary Domestic Guardian during the period of time that my child is in the charge of the senior adult leader responsible for the Troop 79 activity. Furthermore, I hereby give permission to the leaders of Troop 79 to render First Aid, should the need arise in the event of an emergency.
6. I also give permission to the Medical Provider selected by an adult leader from Troop 79, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment that is deemed reasonable and necessary by competent medical authority under the circumstances, to protect the health and welfare of my child.
7. I further agree to hold Troop 79 and Immanuel Lutheran Church and School and its leaders blameless for any accidents that might occur during any Troop 79 sanctioned activity, except for acts of negligence, intentional tort or non-adherence to BSA policies and guidelines.
8. I further agree that I will be responsible for any medical bills, or emergency transportation that is provided for my child that is not covered by insurance provided by the Boy Scouts of America.

Special Concerns, allergies, or medication: _____

Child's Medical Insurance

Medical Insurer/Health Plan: _____ Policy #: _____

In case of emergency, I can be reached by phone at _____ or _____.

Secondary Contact (Other than Parents or legal guardians)

If I cannot be reached, please contact _____ at _____. My secondary contact is hereby granted a limited power of attorney and authority to speak and act on my behalf with respect to the treatment of my child for any illness or injury. Compliance with any instructions by my secondary contact will relieve Troop 79 and its adult leaders for the consequences of complying with the instructions of my secondary contact.

Signed: _____ (Parent or Guardian) Date: _____

Name : _____

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

This document was acknowledged before me on the ____ day of _____, 200__, by

_____.

Notary Public, State of Florida