BSA TROOP 1625 - EMERGENCY INFORMATION CARD

Scout Photograph

Name:

Address:

City: **State:** **Zip Code:**

Date of Birth: **Father's Work #**

Home Phone: **Mother's Work #**

Father's Name: **Father's Cell #**

Mother's Name: **Mother's Cell #**

Emergency Contact: **Emergency Phone:**
Other than parents

Height: **Weight:** **Hair:** **Eyes:** **Sex:**

Medications:

Allergies:

Misc:

Consent To Treat On Reverse

To insert a photograph, just click on the Scout photograph box.
Your "My Documents" will open.

To insert images of your health insurance card, just click on the insurance card box.

Please print this form double sided.
Once printed, cut this form in half.

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Front of Health Insurance Card

Back of Health Insurance Card

The undersigned does hereby authorize the Scoutmaster of Troop 1625, BSA, or any such substitute as he may designate, as agent for the undersigned to consent to any x-ray examination, anesthetic, medical, dental, and surgical diagnosis and treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of Medical Practice Act, or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, clinic, scout camp or elsewhere. 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 my (our) aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or dentist in the exercise of his/her best judgement may deem advisable. The Scoutmaster or his designate will make all reasonable attempts to contact the Scout's parents or guardian prior to treatment.

This authorization will remain in effect while the above minor is en route to and from, involved or participating in any Boy Scout Program or Activity of Troop 1625 or Western Los Angeles County Council of BSA.

This authorization will remain in effect for 13 months from the date of signature below unless it is revoked sooner in writing by the undersigned and delivered to the aforesaid agent.

Signature of Parent or Guardian   Date

Scout Information On Front