

TROOP 970
Authorization for Treatment to Minors

I/We the undersigned, parent(s) or legal guardian of the minor(s) listed below:

_____ Birth date: _____
(Minor s Name)

_____ Birth date: _____
(Minor s Name)

do hereby authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist and hospital service that may be rendered to said minor under the general, specific or special consent of the **adult leaders of Boy Scout Troop 970, Faith United Methodist Church, Tulsa, Oklahoma**, the temporary custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital. I/We authorize the physician or dentist to call in any necessary consultants, in his/their discretion. We further authorize said physician or dentist to exercise his/their discretion in authorizing the disposal of any severed tissues or member.

Additionally, I/we authorize the adult leaders of Boy Scout Troop 970 to perform First Aid/CPR on said minor or for the leaders to give consent to a third party to perform First Aid/CPR with the provision that the person performing First Aid/CPR has been trained in those skills by a recognized training organization.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

This consent shall remain effective unless revoked in writing.

Date: _____
_____ (Father)

_____ (Mother)

_____ (Legal Guardian)

Witness: _____