

Orange Frontier District Camp-O-Ree and Webelos-Ree

2012 Youth and Adult Permission and Emergency Medical Form
March 16 - 18

This form should be duplicated in sufficient copies for all attending Scouts and Adults. A signed and completed form **must** be brought to the Camporee with unit leaders. *Two (2) copies are required for each youth attending Camporee / Webelosree: one to turn in to registration at the March Roundtable for bonus points and one for you to keep in your camp.*

I request my son, _____, be permitted to go with his Boy Scout Unit on a trip to Orange Frontier District Camporee / Webelosree at Los Alamitos Joint Forces Training Base on March 16th-18th of the year of our Lord 2012. He is in good physical condition. Should any illness or accident occur to him on the trip, I will not hold liable the Boy Scout Council of Orange County, its officers, or leaders for said or for any medical aid rendered and will reimburse the Boy Scout Council of Orange County or its Leaders for medical or other expenses incurred in the care of my son. I am () one of the parents having legal custody, I am () the parent having legal custody, I am () the legal guardian (check applicable) of the above - named son, a minor. I hereby authorized the giving of first aid to my son. I further authorize any adult Boy Scout Leader on the above event to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act. Parents will be contacted immediately if possible. This authorization is given pursuant to California Civil Code, Section 25.8. If my son does require medical treatment, I authorize the treating authority to release him to an adult Boy Scout Leader.

Doctor (name & town) _____ Phone: _____

Christian Science Practitioner:

(Name & Town) _____ Phone: _____

Date of last tetanus shot: _____ Allergic to: _____

List any medications being taken presently with directions and dosage.

List any diagnosed medical conditions:

Emergency Contact (Name): _____ Number: _____

Date: _____ Parent Phone: _____

Circle One: (Parent or legal guardian)

My son may take over the counter remedies for headache, diarrhea, and sore throat. _____ Parent/Guardian

Turn in one form per Adult and Scout

(NOTE: Copy as needed)