# BOY SCOUTS OF AMERICA
## Pacifica District – Los Angeles Area Council

NAME: ________________________________________ BIRTH DATE: ______________________

ADDRESS: ________________________________________________________________________

CITY/STATE: ________________________________________________ ZIP: ________________

PHONE: _______________________________________ TROOP: _________________________

**EMERGENCY MEDICAL TREATMENT**

I authorize the officers and leaders of the Boy Scouts of America to render any necessary first aid to my son. In case of emergency, the registered adult Scout Leader in charge has my permission to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for my son which is deemed advisable and is to be rendered under the general or special supervision of a physician and surgeon licensed under the provisions of the Medical Practice Act. In no event will the Boy Scouts of America, or their officers, leaders, or agents be held liable for any first aid rendered or medical or surgical procedures performed pursuant to this consent.

IN EMERGENCY CONTACT

Name (Print): ________________________________ Phone: ______________________________

Alternate Phone: _____________________________

Relationship: __________________________________ Date: ___________________________

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**APPROVAL OF ACTIVITIES**

I give my permission for full participation in all activities, subject to limitations noted herein. This is with the knowledge that there is the possibility of accident, illness, injury or loss of property incurred during said activities, and travel to and during said activities. In no event will the Boy Scouts of America, or leaders, or agents be held liable.

Special Medical Requirements or Limitations: ____________________________________________________

_____________________________________________________________________________________________

Parent or Guardian: _____________________________________________ Date: _________________________

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**MEDIA RELEASE**

I release any and all video, audio or photographs of myself or my son for the use of the Boy Scouts of America in any advertisements or promotions of Pacifica District, Los Angeles Area Council.

Parent or Guardian: _________________________________________ Date: ____________________

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**Please complete this form and give to your Unit Leader prior to arriving at the Camporee.**