

Boy Scouts of America Order of the Arrow Orange County Council Wiatava Lodge 13

Name of Scout:

Trip Medical Authorization

Trip Dates:	
Location: Irvine Ranch Outdoor Education Center	
I request that my child, be permitted to attend the Order of the Arrow, Ordeal Weekend. She/He good physical condition. Should any illness or accident occur to him/her on the trip, I will not liable the Orange County Council, Boy Scouts of America (BSA), its Officers, or Leaders for said or any medical aid rendered and will reimburse the Orange County Council, BSA, or its Leaders for medical or other expenses incurred in the care of my child.	hold
I am () one of the parents having legal custody, I am () the parent having legal custody, I am () the legal guardian (check applicable) of my above named child, a minor. I hereby authorize the giving of first aid to my child. I further authorize any adult BSA Order of the Arrow Adviser on the above ever 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 advise of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered the minor by a dentist licensed under the provisions of the Dental Practice Act. Parents will be contain immediately if possible. This authorization is given pursuant to California Civil Code, Section 25.8. my child does require medical treatment, I authorize the treating authority to release him/her to an ad BSA Order of the Arrow Adviser.	of ent to al X ed to acted
Father or Guardian (signature):	
Mother or Guardian (signature):	
Parent or Guardian's Address:	
City: Zip Code:	
Home Phone: Business Phone:	
Witness (signature): Date:	
Additional Comments:	

Create 2 copies of this, 1 turned in for event registration and the other to be carried by the driver.