DANIEL WEBSTER COUNCIL *BOY SCOUTS OF AMERICA*

PARENT/GUARDIAN CONSENT FORM FOR THE TREATMENT OF A MINOR

I _____ being the legal guardian of
(**parent/guardian**)(please print)

_____ authorize _Ken Hochgraf_, Scoutmaster
(**scout**)(please print)
or another registered adult with Troop 154, and do consent to in my absence and absent of other legal guardian, an X-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered to the minor at a recognized medical facility under the general or special supervision of a licensed physician. _____ has my permission to take part
(**scout**)
in activities with Troop 154.
Remarks: _____

HEALTH HISTORY

Please Print
Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Health/Accident Insurance Co. _____
Policy Number _____

Have or subject to (check if yes):

[ ] Asthma	[ ] Fainting Spells	[ ] Convulsions
[ ] Diabetes	[ ] Heart Trouble	[ ] Bleeding Disorders
[ ] Allergy to any medications, food, plant, animal, or insect toxin.	[ ] Any condition that may require special care, medication or diet.	

Explain: _____
_____

Check here if none of the above apply [ ].

Have difficulty with (check if yes): [ ] Eyes, ears, nose, throat [ ] Lungs
[ ] Digestion [ ] Bed-wetting [ ] Sleep walking

Any conditions now requiring medications? _____
Name of Medications _____

Any restriction of activity for medical reason? ___ Explain _____
_____

IMMUNIZATIONS: (Date of last)
Tetanus Toxoid _____ Polio _____ Mumps _____ Pertussis _____

Diphtheria _____ Measles _____ Rubella _____

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me.

Signature: _____ Date: _____
(**parent/guardian**)
Home phone number: _____ Work phone number: _____