



Siwinis Lodge 252
Los Angeles Area Council, BSA

District: Frontier North Star Pacifica Rio Hondo San Antonio Thunderbird
Chapter: Wappo Pawnee Lakota Wiyot Serrano Hopi

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

PHONE: _____ TROOP: _____

EMERGENCY MEDICAL TREATMENT

To Whom It May Concern:

I authorize the officers and leaders of the Boy Scouts of America and the Order of the Arrow 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, the Order of the Arrow, 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 Order of the Arrow 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, the Order of the Arrow, or their officers, leaders, or agents be held liable.

Special Medical Requirements or Limitations: _____

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FIELD SPORTS PERMISSION

Parent or Guardian: _____ Date: _____