

**Authorization and Consent for Minor - MUST be Filled Out
(Minor Carries A COPY)**

**Pursuant to California Family Code Section 6910,
participants under 18 must have this consent form filled out by a parent or guardian**

Minor's Name: _____ **Event:** _____

The undersigned does hereby authorize the designated agent to consent to X-ray examination, anesthetic, medical or dental or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by a physician, licensed under the provision of medical practice act or any dentist licensed under the dental practice act whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, scout camp, or elsewhere. This authorization will remain effective while above minor is en route to or from or involved or participating in the Boy Scout program and activities of the Santa Clara County Council, Boy Scouts of America, at the specified activity, unless revoked in writing by the undersigned and delivered to designated agent.

Signed: (parent/guardian) _____ **(date)** _____

If emergency, call: (name) _____

Phone# _____

Alternate Contact: _____