

**SANTA CLARA COUNTY COUNCIL**

**BOY SCOUTS OF AMERICA – GIRL SCOUTS OF THE USA**

**EMERGENCY CONSENT FOR MINORS**

I \_\_\_\_\_,

The parent and/or guardian of: \_\_\_\_\_,  
a minor, do hereby authorize the adult leader(s) in charge as agents for the undersigned to consent to any X-Ray examination, anesthetic, medical, dental or surgical diagnosis, care or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, or a licensed dentist, as the case may be, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at the said hospital, or elsewhere as circumstances may require in the discretion of the treating physician or dentist.

It is understood that this authorization is given in advance of any specified diagnosis, medical or dental care and hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, medical, dental or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable. This authorization is given pursuant to the provisions of Section 6910 of the Family Code of California.

This authorization shall remain in effect until **Jan 31, 2011**, unless sooner revoked in writing, delivered to said agent(s).

Signature(s) of Parent(s) or Guardian(s)

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_