

# AUTHORIZATION AND CONSENT TO MINOR

Pursuant of California Civil Code Section 25.8, Pursuant of California Penal Code Section 12552

Name of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned do hereby authorize (name of leader) **Dr. Gary D. Aden** or any such substitute as may be designated as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and surgeon, licensed under the Provisions of the Medical Practice Act or of 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.

Parent or Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Secondary Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Further, the undersigned do hereby grant permission for (minor name) \_\_\_\_\_

to travel outside the U.S. with and in the care of (name of leader) **Dr. Gary D. Aden** or any such substitute as may be designated as agent for the undersigned for the purpose of traveling to and attending (name of program): **V27 British Columbia SuperTrip** During the dates of **Aug 1 to Aug 10, 2004**.

I understand this program is located in **British Columbia, Canada** which involves international travel.

Legal Parent or Guardian(1): \_\_\_\_\_ Legal Parent or Guardian(2): \_\_\_\_\_

Name (print): \_\_\_\_\_ Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Notarized:

State of California

County of \_\_\_\_\_

} ss.

On \_\_\_\_\_, before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

- personally known to me
- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in he/she/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

**Note: Please sign all appropriate forms**

This authorization will remain in effect while the above minor is enroute to or from, involved, or participating in any Boy Scout or Venturing Program or activity of the Pacific Skyline Council, Boy Scouts of America, unless revoked in writing by the above signed, and delivered to the aforesaid agent.