

**AUTHORIZATION AND CONSENT TO MINOR**

Pursuant of California Civil Code Section 25.8

Pursuant to California Penal Code Sections 12078, 12101 and 12552

**MEDICAL RELEASE FORM**

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

Pack # \_\_\_\_\_ Troop # \_\_\_\_\_ Exploring Post # \_\_\_\_\_ Venturing # \_\_\_\_\_ Ship# \_\_\_\_\_

The undersigned do hereby authorize ( Name of Leader) \_\_\_\_\_ Or any such substitute as may be designated as agent for the undersigned to consent to ant 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 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.

Please print all information

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work / Home Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

Primary Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Parent or Guardian *Signature*: \_\_\_\_\_Witness *Signature*: \_\_\_\_\_

This authorization will remain effective while the above minor is enroute to or from, involved, or participating in any Boy Scout 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:

See reverse side for activity release.

**AUTHORIZATION AND CONSENT TO MINOR**

Pursuant of California Civil Code Section 25.8  
Pursuant to California Penal Code Sections 12078, 12101 and 12552

**ACTIVITY RELEASE FORM****Cub Scout, Boy Scouts, Explorers or Venturers only:**

The undersigned, parent or guardian of the minor listed on the reverse side , gives express permission for the Archery Range Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish a bow and arrows to the above minor for engaging in lawful, recreational archery shooting sports including instruction in the safe handling and shooting of bow and arrows, target and competition shooting, and related activities.

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

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

**Boy Scouts, Explorers or Venturers only:**

The undersigned, parent or guardian of the minor listed on the reverse side , gives express permission for the Rifle Range Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish a rifle, shotgun, or BB device ( including BB Rifle or pellet rifle), and live ammunition to the above minor for engaging in lawful, recreational shooting sports including instruction in the safe handling and shooting of firearms, target and competition shooting, and related activities.

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

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

**Cub Scouts Only:**

The undersigned, parent or guardian of the minor listed on the reverse side , gives express permission for the Rifle Range Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish a BB device ( BB Rifle) to the above minor for engaging in lawful, recreational shooting sports including instruction in the safe handling and shooting of firearms, target and competition shooting, and related activities.

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

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

**Boy Scouts, Explorers, or Venturers Only:**

The undersigned, parent or guardian of the minor listed on the reverse side , gives express permission for the C.O.P.E. or Climbing Staff of the Pacific Skyline Council, Boy Scouts of America, to furnish Climbing Equipment for the purpose of instruction and activity in the Project C.O.P.E. or Climbing Program.

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

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