

NAVAJO LODGE #98  
ORDER OF THE ARROW

OLD BALDY COUNCIL  
BOY SCOUTS OF AMERICA

### AUTHORIZATION AND CONSENT TO TREAT A MINOR

PURSUANT OT CALIFORNIA CIVIL CODE SECTION 25.8  
PURSUANT TO CALIFORNIA CIVIL CODE SECTION 21552

Name of Scout: \_\_\_\_\_

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

The undersigned do hereby authorize the Adult Old Baldy Council, Boy Scouts of America, Navajo Lodge Order of the Arrow Adviser in charge or such substitute as he may designate as to act 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 Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnose or treatment is rendered at the office of said physician or dentist, at a hospital, Scout Camp, or elsewhere.

Further, the undersigned consent that the archery range instructor and the rifle range instructor may instruct in the proper and safe usage of these facilities in their related activities

This authorization will remain in effect while the above minor is in route to or from, or involved or participating in any Order of the Arrow program or activity of the Boy Scouts of America, unless revoked in writing by the undersigned and delivered to the aforesaid agent.

Date: \_\_\_\_\_ Father or Guardian \_\_\_\_\_  
(signature)

Mother or Guardian \_\_\_\_\_  
(signature)

Witness \_\_\_\_\_  
(signature)

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: (\_\_\_\_) \_\_\_\_\_

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

Important Medical Information (Allergies, Medications, ETC.): \_\_\_\_\_

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Mutual of Omaha - Boy Scout Secondary Insurance Policy S14Y-033159-43