**Parental or Guardian Consent for Treatment**

In the event of illness or injury of my son, daughter, or ward, I give permission for any licensed physician or his designated assistants to give him or her medical or surgical treatment as they may consider necessary for his or her health and safety.  I authorize his or her adult leader, personal or through his designated representative, to obtain such treatment for my son, daughter, or ward and give consent for such treatment on my behalf.  I certify that the medical information contained on this form is complete and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Signature of parent or guardian |
| ***Parent or Guardian***This brief medical form is designed to give the unit leader a general idea of your son’s/daughter’s, or ward’s physical capabilities and limitations.  This consent form also provides information necessary in case of injury or illness.  The “Consent for Treatment” portion of the form should be signed in order to avoid needless delay in the treatment of illness or injury incurred while in any Exploring / Cadet activity. |

***Type or print legibly***    ***MEDICAL INFORMATION***

|  |
| --- |
| Member’s Name |
| Address | Birthday |
| City | Zip | Home Phone |
|  PRINT Parent(s)/Guardian(s) Name |

***Person to notify if parents or guardians cannot be reached***

|  |  |
| --- | --- |
| Name | Phone |
| Family Physician | Phone |
| Date of last tetanus, D.T., or D.P.T. immunizations |
| Drug allergies (Penicillin, etc.) |
| Allergies to insect stings or plants |
| Chronic health problems (asthma, epilepsy, etc.) |
| Medication taken regularly |
| Restrictions on physical activity |