

Parent/Guardian Authorization to Treat/Issuance of Firearm/Special Activities

Scout's name (please print): _____ Unit #: _____ Date of Birth: _____

** Please Note: If a Scout has two parents or legal guardians, the Marin Council requires the signatures of both and for any selection that is chosen the initials of both. If there is only one parent or legal guardian, then one signature and one initial per selection is sufficient. **

The undersigned do hereby authorize the adult leaders of my child's Scouting unit, medical personnel, camp director of Camp Marin Sierra or the director's designated agent, to act for the undersigned in matters related to consent to any x-ray, medical examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care required for the above named minor, which is deemed advisable by and/or rendered, under the general or special supervision of any physician and surgeon, licensed under the Provision of Medicine Practice Act, or any dentist licensed under the Dental Practice Act, where such diagnosis or treatment is rendered by the physician, surgeon, or dentist at an office, hospital, Scout camp or elsewhere. (Pursuant to California Family Code Section 6910)

Initial here: _____

Further, the undersigned consent that the rifle range or archery instructor of the Marin Council Boy Scouts may furnish a BSA approved firearm or archery equipment, respectively, to the above-named minor for the purpose of instruction in the safe handling and shooting of firearms or archery equipment and related activities. Please initial each box below where permission is granted for the minor to participate.

[] Archery [] Rifle Range (.22 caliber) [] Shotgun [] Black Powder

And, that the above-named minor may participate in the activities of the camp program including, but not limited to swimming, boating, games, and hiking, etc. In addition to these, permission is granted to participate in the following special activities listed below, some of which may be off site. Please initial those for which permission is granted for the minor to participate.

[] C.O.P.E. Activities (With Scoutmaster approval) [] Whitewater Rafting
[] Rock Climbing Program (With Scoutmaster approval) [] Mountain Biking
[] Outpost hikes [] Motor Boating [] Waterskiing [] Backpacking

[] I do not give the above-named minor permission to participate in (be specific): _____

Signature and contact information. Please circle whether Parent or Guardian. Initial here [] if you are the sole Parent/Guardian .

Parent/Guardian #1 Signature: _____ Initials [] Date: _____

Name (please print): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Parent/Guardian #2 Signature: _____ Initials [] Date: _____

Name (please print): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____