

**AUTHORIZATION FOR THIRD PARTY TO CONSENT TO  
TREATMENT OF MINOR LACKING CAPACITY TO CONSENT**

(We) (I) , the undersigned, parent(s)/person having legal custody/legal guardian of \_\_\_\_\_, a minor, do hereby authorize the Alameda Council Boy Scouts of America as agent(s) for the undersigned to consent to any Xray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

This includes authorization to consent to any Xray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered to the minor by or under the supervision of a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority to power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgement, deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

(We) (I), hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agent(s) upon the completion of treatment. The authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

This authorization will remain effective while the above minor is enroute to or from or involved or participating in any Boy Scout program or activity of the Alameda Council, Boy Scouts of America, or any of its Cub Packs, Scout Troops, Explorer Units unless revoked in writing by the undersigned, and delivered to the aforesaid agent(s).

\_\_\_\_\_  
Parent/Legal Guardian/Person Having Legal Custody

\_\_\_\_\_  
Date

If signed by other than parent indicate relationship: \_\_\_\_\_

**CONTINUED ON REVERSE SIDE**

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Family Physician or Medical Group

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Address

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City, State, Zip

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Phone

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Medical Insurance

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I.D. or Contract Number

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Date of Last Tetanus Shot

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Date of Birth

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Drug Allergies and Special Conditions

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Current Medications

If possible please attach a photocopy of your health insurance card.

Note: If after this date your child is prescribed a medication program, please inform his unit leader so that this form can be kept current.

**California Civil Code Section 25.8:**

S25.8 Minor - Consent to Furnishing of Hospital or Medical Care by Adult Other Than Parent. - Either parent if both parents having legal custody, or the parent or person having legal custody or the legal guardian, of a minor may authorize in writing any adult person into whose care the minor has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and provisions of the Dental Practice Act.  
Leg.H.1965 ch. 1524.