Medical Treatment Consent Form (2 pages)

We, _____, and _____, parents of
Father (Please print full name) Mother (Please print full name)

_____ ___/____/___, _____ ___/____/___,
Child's name DOB Child's name DOB

_____ ___/____/___, _____ ___/____/___,
Child's name DOB Child's name DOB

hereby consent on behalf of our child(ren), to any hospitalization or medical treatment, of our said child(ren), by any physician or nurse, arising from or relating to events or activities which take place in the travel to and from and during the scheduled meetings and the camp of **The SVDP's Scout Groups** during the **2023-2024** Scout year, or while our child is otherwise within the custody of any of the camp staff or their delegates.
We also consent to allow any individual to perform CPR or apply first aid to our child.

_____ _____
Father's signature Dated

_____ _____
Mother's signature Dated

Home Address: _____

_____

_____

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Medical Information

Brief medical history of child, including allergies and restricted medications:

_____

_____

_____

Child's physician's name _____, phone: _____

and address: _____

In case of emergency, please call:_____: _____
Parent (**required**) Phone

or:_____, _____: _____
Other Relation Phone

Insurance Information

Name of Insurance Carrier: _____

Policy No.: _____

Agent's Name: _____

Tel: _____ Group No.: _____

Policy valid through: ___/____/____

Claims Department Tel: _____

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