



HƯỚNG-ĐẠO VIỆT-NAM
LIÊN ĐOÀN BẠCH ĐẰNG
VIETNAMESE SCOUT – BOSTON, MASSACHUSETTS



Permission and Authorization to Treat a Minor

Scout Name: _____ Phone(H) _____

Address: _____

Activity: Scouting events – Regular meeting, camping, field trip, community services, etc...

I/WE the undersigned parent, parents or legal guardian of the above named Scout, a minor do hereby request that he/she be permitted to attend all of the Scouting events and should the need arise. Do hereby authorized to be treated and cared by responsible adult scout leaders of Liên Đoàn Bạch Đằng. Do also hereby authorized and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act. Or a dentist license under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of Massachusetts Department of Public Health. 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 and power to render care. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

List any restrictions: _____

Medication: Yes ☐ No ☐ Please specify: _____ Dosage: _____

Emergency Contact: _____ Relationship _____

Address: _____ Phone: _____

By signing this form I/WE permit and authorize to treat the aforementioned named scout by Liên Đoàn Bạch Đằng Leaders.

Parents or Legal Guardian Signature

Date