

**CAMP TAHQUITZ  
PARENT CONSENT/MEDICAL RELEASE FORM**

**TO WHOM IT MAY CONCERN:**

I hereby make application for Scout\_\_\_\_\_ of Troop\_\_\_\_\_ for a place at CAMP TAHQUITZ SUMMER CAMP. Said member is amenable to such rules and regulations as may be made by the Executive Board, Camp Director, or its representatives. I give permission for my son to attend and participate in all summertime activities at Camp Tahquitz.

It is expressly understood by the parents or guardians that the member for whom this application is made is in a condition of health that warrants his taking part in the event, and that the leader of this outing is hereby granted permission to take the named member to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said outing. (See authorization below)

I understand that promotional pictures may be taken during camp activities. I authorize the Long Beach Area Council, Boy Scouts of America, and the National Council, Boy Scouts of America, to use photography or video images of my child for promotional purposes.

**AUTHORIZATION TO CONSENT OF TREATMENT OF MINOR**

I/We, the undersigned parent(s)/guardian(s) of (FULL NAME)\_\_\_\_\_ minor, do hereby authorize the Long Beach Area Council Camp Director or his designate as agent(s) for the undersigned to consent to any X-ray 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 or surgeon licensed under the provision of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care that the aforementioned physician, in the exercise of his best judgment may deem advisable.

This authorization shall remain in effect for the dates of the event given below.

PLACE: CAMP TAHQUITZ DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ WITNESS \_\_\_\_\_  
(Please print)

SIGNED \_\_\_\_\_ Date \_\_\_\_\_ SIGNED \_\_\_\_\_ Date \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

EMERGENCY PHONE NUMBER IN THE EVENT THAT PARENT/GUARDIAN CANNOT BE CONTACTED:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

**OPTIONAL Permission for use of Firearms**

California Penal Code Section 12552 prohibits furnishing firearms to minors 18 without the express or implied permission of the parent/guardian of the minor. Understanding this, I give my permission for \_\_\_\_\_ to use a firearm at Camp Tahquitz.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

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**NOTICE: RULES FOR ACCEPTANCE AND PARTICIPATION IN CAMP TAHQUITZ ARE THE SAME FOR EVERYONE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, OR HANDICAP.**