

AUTHORIZATION FOR THIRD PARTY

(TO CONSENT TO TREATMENT OF MINOR LACKING CAPACITY TO CONSENT)

We the undersigned, parents having legal custody / legal guardianship of _____, a minor, do hereby authorize the Scoutmaster or Assistant Scoutmaster of Boy Scout Troop 208, as agent (s) for the undersigned to consent to any x-ray examination, and 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 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 a hospital.

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 or power on the part of our aforesaid agent 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 judgment deem advisable.

We hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to our above named agent upon the completion of treatment.

These authorizations shall remain effective as long as the above named minor is an active member of Troop 208, unless sooner revoked in writing and delivered to said agent.

Dated this the _____ day of _____, 2004

Print Name _____

Print Name _____

**STATE OF FLORIDA
COUNTY OF BROWARD**

THE FORGOING INSTRUMENT was acknowledged before me this _____ day of _____, 2004, by _____, who is personally known to me or who has produced _____ as identification and who did take an oath.

Notary Public

My Commission Expires: