

# MEDICAL AUTHORIZATION FORM CONSENT TO TREAT MINORS

The undersigned, being the parent(s) or legal guardian(s) of \_\_\_\_\_  
(a minor), do hereby appoint Andrew Houghton, Skipper of Sea Scout Ship 502 BSA,  
Houston, Texas, or his assigns, to act in my (our) behalf in authorizing emergency medical,  
dental, or surgical care and hospitalization for the above named minor during a period of my  
(our) absence on \_\_\_\_\_.

This document shall be presented to a physician, dentist, or appropriate hospital representative  
at such time as emergency medical, dental, surgical care, or hospitalization may be required.  
Where no proof of insurance is established, parent(s) or guardian(s) of member must assume  
legal responsibilities for expenses incurred for the treatment of injuries to member that occur  
during this period of Sea Scout activity.

\_\_\_\_\_  
Signature Parent/Guardian                      Date

\_\_\_\_\_  
Signature Parent/Guardian                      Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Witness    Date

\_\_\_\_\_  
Witness    Date

### Hospitalization Coverage for Named Minor

### Insurance Waiver Statement

\_\_\_\_\_  
Name of Insurance Co. or Carrier

Where no proof of insurance is  
established, parent(s) or guardian(s) of  
member must assume legal  
responsibilities for expenses incurred  
for the medical treatment of injuries to  
member that occur at Ship 502  
activities. I have read and understand  
the above.

\_\_\_\_\_  
Identification or Contract Number

\_\_\_\_\_  
Family Physician and Phone

\_\_\_\_\_  
Parent Signature                                      Date

\_\_\_\_\_  
Member's Name (minor)