



**TROOP 96 EMERGENCY MEDICAL AUTHORIZATION (ADULT)**  
(0506b)

Date \_\_\_\_\_

Adult's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State OHIO Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Age \_\_\_\_\_

Purpose - To enable spouse to authorize the provision of emergency treatment for adults who become ill or injured while participating in Boy Scout activities, when spouse cannot be reached.

Spouse's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Relative or Neighbor \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone Numbers \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**PART 1 OR 2 BELOW MUST BE COMPLETED**

**PART 1: TO GRANT CONSENT**

I Hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_ Emergency Room Number \_\_\_\_\_

I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**Facts concerning medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:**

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Adult Volunteer** \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**PART 2: REFUSAL TO CONSENT**

I do NOT give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish Boy Scout authorities to take the following action:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Adult Volunteer \_\_\_\_\_

Signature of Adult Spouse \_\_\_\_\_

Spouse Address (if different than Volunteer) \_\_\_\_\_