

CONSENT TO MEDICAL CARE AND TREATMENT OF A MINOR

STATE OF TEXAS

KNOW ALL PERSONS BY THESE PRESENTS:

COUNTY OF HARRIS

I/We, _____, who reside at _____, Texas _____, (Telephone Numbers: _____), am/are the parent(s) and/or legal guardian(s) of the following minor child:

Name: _____

Sex: _____ Date of Birth: _____

I/We have the authority to consent to medical treatment of this child. In my/our absence, however, I/we hereby authorize the child's Boy Scout leaders to consent to any and all medical care and treatment of this child should they deem said care and treatment necessary. I/We hereby release the above-noted persons from liability in connection with the good faith use of this Consent. I/We further release any physician or medical care facility from liability with respect to the acceptance of this Consent. The authority conferred by this Consent shall remain in effect unless and until revoked in writing.

SIGNED this ___ day of _____, 201__.

(Signature)

(Signature)

SUBSCRIBED AND SWORN TO BEFORE ME, this ___ day of _____, 201__.

Notary Public, State of Texas

Name, Expiration Date, and Seal