

# MEDICAL AUTHORIZATION FORM CONSENT TO TREAT

I, \_\_\_\_\_, do hereby appoint Andrew Sacco, Skipper of Sea Scout Ship 502, BSA, Houston, Texas, or his assigns, to act in my behalf in authorizing emergency medical, dental, or surgical care and hospitalization for the following dates from \_\_\_\_\_ to \_\_\_\_\_.

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 proof of insurance is established, I will assume legal responsibilities for expenses incurred for injuries that occur at Ship, Scout, or co-sponsored activities.

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Relative/Relationship Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Work Phone

## Hospitalization Coverage for Named

## Insurance Waiver Statement

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

Where no proof of insurance is established, I assume legal responsibilities for expenses incurred for injuries that occur at Ship 502 or co-sponsored activities. I have read and understand the above.

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

\_\_\_\_\_  
Physician's Name

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

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Printed Name