

B.S.A. Order of the Arrow, Anasazi Chapter
Saddleback District, Wiatava Lodge

What/Where: **Anasazi All-night Game Night – New West Design Warehouse – Lake Forest CA**
Departing: **N/A** Date: **Friday, 05/06/11** Time: **8:00 pm**
Return to: **N/A** Date: **Saturday, 05/07/11** Time: **8:00 am**
Cost: **None**

Chapter Point of Contact: **Dwight Touchberry** Phone: C) **949.202.7355** H) **949.635.9640**
Special Instructions: Activity uniform or Casual, Anasazi t-shirt preferred.

Be available by phone in case of sickness/injury. Be prepared to pick up early.

- - - - - **Detach and turn in lower portion** - - - - -

PARENT’S PERMISSION AND EMERGENCY MEDICAL FORM

I (we) the undersigned parent or legal guardian of _____, a minor, do hereby request that my son be permitted to attend the Anasazi All-night Game night event at “New West Design Warehouse” to participate in approved video games or similar games, eat snacks and food provided, stay up all night if desired, and should the need arise do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate from the State of California Department of Health. 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 and power to render care which the aforementioned physician in exercising of his best judgment may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the Boy Scout Council of Orange County, its officers or leaders for medical aid rendered and will reimburse the Boy Scout Council of Orange County for any medical or other expenses incurred in the care of my son. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the outing and dates listed above.

_____ **Date:** _____

Parent or Legal Guardian Signature

Phone number where parent **CAN BE REACHED DURING OUTING:** () _____

Emergency contact and number if parent cannot be reached _____

I will be an adult chaperon: _____ Yes _____ No: YPT trained? _____, Expires _____