

Troop 1412, BSA Durable Power of Attorney

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, _____ parent or legal guardian, of _____ (“Child”) consent to the attendance of my child on Scouting activities sponsored by the Boy Scouts of America Troop 1412 of the Calvary Chapel of La Mirada, Church in La Mirada, California, for the period of _____ to December 31, 2007, and have made, constituted and appointed and by these presents do make and appoint Rudy Silva, Scoutmaster of Troop 1412, or his designee/s, my true and lawful attorney in fact, for me and in my name, place, and stead to perform the following acts:

1. To sign all medical releases necessary for the proper medical care and attention for my Child and to amend and/or sign any required health form in situations that require such a form and/or to make amendments/s there to when I am not readily including specifically those required by any long term summer camp and/or Boy Scout High Adventure camping programs.
2. To incur any and all expenses necessary for the proper medical care and attention for my Child and for which I will accept all financial responsibility;
3. To grant CONSENT FOR TREATMENT to the physician and whomever he/she may designate as his/her assistant(s)/associate(s) to administer such treatment as is needed, and to perform any medical care or procedures as are considered therapeutically necessary based on findings during examination or treatment for the need arising from any occurrence while on a Boy Scout sponsored trip or event;
4. To sign any AUTHORIZATION TO RELEASE INFORMATION pertaining to the need for treatment arising from the incident while on a Boy Scout sponsored trip or event giving rise to the need for treatment. I hereby authorize the physician and and/or medical facility attending my Child to release any medical information pertaining to the examination, treatment, history, prescription of medications, and medical expenses of my Child to my attorney-in-fact and to any physician, hospital, clinic, insurance company, and all other agencies deemed necessary in order to provide care and treatment for my Child and to process insurance claims. This authorization also includes the release of any pertinent medical information to any specialist or other medical facility the physician may refer the patient to for medical treatment or evaluation. My attorney-in-fact is also authorized to communicate information to my child’s parents or guardian’s or as necessary, such other Troop 1412 personnel as may be necessary to communicate with me or my Child’s other parent or guardians.
5. To transport my Child to and from Scouting events, or, prior to or following such events, to or from my Child’s residence or such other place as instructed by myself, my Child’s caregiver, or my Child.

