

**CALIFORNIA EXPLORER SEARCH AND RESCUE  
MEDICAL CONSENT FORM**

and / or

**AUTHORIZATION AND CONSENT TO MINOR**

Pursuant to California Civil Code, Section 25.8

\_\_\_\_\_  
Name

\_\_\_\_\_  
Adult / Minor

\_\_\_\_\_  
Date of Birth

**To the chairman, San Mateo County Council, California Explorer Search and Rescue  
(Cal-ESAR):**

I, the undersigned, do hereby empower you or such substitutes as you may designate as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the above named person, which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provisions of the Medical Practices Act, whether such diagnoses or treatment is rendered at the office of such physician or dentist, at a hospital, Scout Camp, or elsewhere. Further, I accept all responsibility and liability for any occurrence in which the above named person is involved.

This authorization shall remain effective while the above named person is en route to or from, involved or participating in any program or activity of your organization or any Boy Scout and/ or Explorer activity of the San Mateo Council, Boy Scouts of America. This authorization shall remain in effect unless and until revoked in writing by the undersigned and such notice of revocation is delivered to the aforesaid agent.

\_\_\_\_\_  
Signature, Above named adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Parent or Guardian

\_\_\_\_\_  
Date

*In the event of illness or injury, please notify:*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Contact Phone