Authorization for Release of Health Information

I, _____, the parent / legal guardian of _____ (Scout), hereby authorize any doctor or hospital treating the Scout while he is at camp to discuss and release information regarding such treatment or follow-up care to any of the following representatives of the BOY SCOUTS OF AMERICA, Tidewater Council.

- Phil McGinnis, Camp Director
- Pam Vickrey, Council Camping Secretary
- Kathy Lull, Camp Business Manager
- Camp Health and Safety Officer

The authorization will remain in effect while the scout is at summer camp and will expire no later than August 08, 2008.

_____ _____
Signature of Parent / Legal Guardian Date

Address: _____

City, State, Zip: _____

Phone #: _____

Please attach a copy of the front and back of your current insurance card.
Check that dates have not expired.