AUTHORIZATION TO CONSENT TO EMERGENCY TREATMENT OF A MINOR

(I) (We), the undersigned, the parents of _____, a minor, do hereby authorize the adult advisors of the Jet Propulsion Laboratory Space Exploration Post #509 as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

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 on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

This authorization is pursuant to the provisions of Section 25.8 of the Civil Code of California.

(I) (We) hereby authorize any hospital which has provided treatment to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to (my) (our) above-named agents upon completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

These authorizations shall remain in effect until _____, 20___, unless sooner revoked in writing delivered to said agent(s).

_____ _____
Signature of Parent or Legal Guardian Date

_____ _____
Printed Name Relation to Participant

----------COMPLETE BOTH HALVES -- DO NOT DETACH----------

PARENT RELEASE FORM

To the registered Spaceset participant's parents:

I hereby give my consent for my son/daughter, _____, to participate in the organized, supervised, and planned activities of the Jet Propulsion Laboratory Space Exploration Post #509 from the beginning of the activity to the termination of the activity. I understand that circumstances beyond the control of the supervising Adult Advisors of the above post may cause small delays in the termination of the activities. I also understand that all legal liability on the above minor upon the JPL Space Exploration Post #509, its administration, and its sponsors, the Jet Propulsion Laboratory and the Exploring division of the Boy Scouts of America is hereby released. Finally I have read and agreed to the above Authorization to Consent to Emergency Treatment of a Minor by signing and turning in the form to the above agent, JPL Space Exploration Post #509.

_____ _____
Signature of Parent or Legal Guardian Date

( )_____
Phone number where you can be reached
in the event of an emergency

Complete this form and turn it in at the SPACESET check-in desk on March 19 - *do not mail it to us.*

❑ *Check here if you have any special medical instructions, or instructions that are required by your insurance carrier. Please staple any such instructions to the back of this sheet and bring it with you on March 19.*