

**Troop 259**  
**Notarization of BSA Medical Form**

The attached BSA Medical Form is correct so far as I know, and the person therein, my son \_\_\_\_\_ has permission to engage in all prescribed activities except as noted on the BSA Medical Form.

I, \_\_\_\_\_, the undersigned, in the event that I cannot be reached in an emergency, hereby give my permission to the physician selected by the Troop 259 Adult Leader in charge to hospitalize, secure proper anesthesia for and/or order injection and/or medication and/or treatment for my son \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed in the presence of a notary public)

Notary: \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, Texas.

Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ AD \_\_\_\_\_

My commission expires on \_\_\_\_\_ day of \_\_\_\_\_ AD \_\_\_\_\_

(seal)