

**EXPLORER CONTINUING CONSENT TO TREAT A MINOR CHILD**

CHP 400L (Rev. 6-19) OPI 094

We/I, the undersigned parent(s)/guardian(s) of \_\_\_\_\_  
a minor child, do hereby consent to any X-ray examination, anesthetic, medical or surgical diagnostic  
examination, or treatment and/or hospital service that may be rendered to said minor under the  
general or specific instructions of a medical doctor licensed to practice in the State of California or  
other state, whether such diagnosis is rendered at the doctor's office or at a hospital licensed by the  
state.

It is understood that this consent is given in advance of any specific diagnosis or treatment which  
may be required, and is given in order that such physician may have the opportunity to exercise their  
best judgment as to the action which may be necessary or required to protect the life and health of  
said minor child.

We/I understand that if our/my child is injured while on any explorer post activity, they will be given  
medical treatment. We/I hereby consent to medical treatment being given without financial obligation  
being incurred by any Post Advisor, the State of California, or Department of California Highway  
Patrol.

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

This consent shall remain effective until revoked in writing by the parent or guardian of the above  
mentioned minor child.

PHYSICIAN NAME		PHONE NO. (INCLUDE AREA CODE)
INSURANCE COMPANY		
CERTIFICATE NUMBER	GROUP NUMBER	
PARENT(S) SIGNATURE	WORK PHONE NO. (INCLUDE AREA CODE)	HOME PHONE NO. (INCLUDE AREA CODE)
GUARDIAN(S) SIGNATURE	WORK PHONE NO. (INCLUDE AREA CODE)	HOME PHONE NO. (INCLUDE AREA CODE)
POST ADVISOR SIGNATURE	DATE	