

Richland County Sheriff's Department



LEON LOTT
Sheriff

MEDICAL RELEASE AUTHORIZATION FOR MEDICAL TREATMENT

I, _____, as the Parent/ Guardian/Self (if over the age of 18) of Explorer _____, hereby request that any Officer / Deputy/Volunteer/ Employee of the RCSD Explorer Boot Camp and SC Criminal Justice Academy notify if possible the person listed on the RCSD Boot Camp Medical Information Sheet in the event of an illness, injury or medical emergency. If the listed person cannot be reached or if the above referenced minor child/adult requires immediate medical treatment, I hereby request and authorize representatives of the RCSD Explorer Boot Camp to seek immediate medical treatment and to transport, or seek the transportation by ambulance if necessary, of said minor child/adult to a medical facility or any treatment deemed to be medically necessary for the health, safety or welfare of said child/adult. Further, I give each and every officer, deputy, employee, agents, volunteers, and servants of the RCSD Explorer Boot Camp and Richland County Sheriff's Department my power of attorney to execute any documents relative to obtaining such aforesaid medical treatment (including an X-ray exam, anesthesia, medical and surgical procedures and the administering of medications) in my absence.

I hereby agree to be financially responsible for all medical treatments and all emergency medical services and transportation not covered by the Boy Scouts of America, Explorer Group Policy, or other private subscribed insurance. I know of no health or fitness restrictions that preclude participation in all activities at the RCSD Boot Camp.

Explorer's Signature (if over the age of 18 only)

Parent / Guardian Signature

Date

NOTARY PUBLIC INFORMATION BELOW

Signature

and

ID #

Date