

**Troop 405 - Parent Authorization**

I (parent/guardian) \_\_\_\_\_ hereby give permission for my son  
\_\_\_\_\_ to attend a trip to

\_\_\_\_\_ on  
\_\_\_\_\_ . I also give permission (in case of an accident) to

the physician selected by the adult leader in charge to hospitalize, secure proper  
anesthesia, or to order injection for my son.

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ (date) \_\_\_\_\_

In case of an emergency, I can be reached at (phone #) \_\_\_\_\_

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