

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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