

Parent Permission and Authorization for Medical Treatment

| Information | | | | | |
|--|---------------|-----------|---------------|------|--|
| event | | | date | | |
| daughter's name (last, first mi) | | | | | |
| address | | city | st | zip | |
| name of parent/guardian | | | phone | | |
| address | | city | st | zip | |
| If I cannot be reached in the event of an emergency, the following people are authorized to act in my behalf wile my daughter is on this trip: | | | | | |
| troop / trip leader's name | | | | | |
| relationship to participant | | day phone | evening phone | | |
| physician's name | | phone | | | |
| Comments | | | | | |
| Additional remarks (allergies, medications, or health problems): | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Signature | | | | | |
| Yes, as a parent or legal guardian of this child, I certify that she is in good physical condition and has not had any serious illness or surgery since her last | | | | | |
| health examination. I give my authorization to the above-named people to act in my behalf while she is on this trip/assignment. | | | | | |
| parent/guardian signature (in presence of notary) | | | date | date | |
| Notary Public | | | | | |
| The foregoing was subscribed, sworn to and acknowledged | | | | | |
| before me, the undersigned, this day of | Notary Public | | | | |
| , 20 | My commission | expires: | | | |
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