

**Pack, Troop, and Crew 260**  
**Parent/Guardian Authorization for Trip and Medical Treatment**

I, the undersigned parent/guardian of \_\_\_\_\_ ,  
authorize his participation in \_\_\_\_\_ ,  
at \_\_\_\_\_ on \_\_\_\_\_ ,  
including travel by motor vehicles. I understand that the trip/activity will be under the general supervision of:  
\_\_\_\_\_

In case of emergency I understand reasonable effort will be made to contact me. In the event I cannot be reached, I authorize the physicians or hospitals selected by the Adult Leader to provide medical treatment, including, without limitation, hospitalization, anesthesia, surgery, and medications by injection or otherwise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address and Telephone:

\_\_\_\_\_

Please list any conditions, medications, or instructions we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please return the top portion of this form and retain the bottom portion for your use.

**Trip Information**

Event \_\_\_\_\_ Cost \_\_\_\_\_

Depart: Day/Time \_\_\_\_\_ Place \_\_\_\_\_

Return: Day/Time \_\_\_\_\_ Place \_\_\_\_\_

For more information contact: \_\_\_\_\_