

***Troop 480 - St. Paul's Church
Woodbury, CT.
Permission - Authorization Form***

Trip/Event _____ ***Date(s)*** _____

In consideration of the benefits to be derived, and in view of the fact that the Boy Scouts of America is an educational institution, membership in which is voluntary, and having full confidence that every precaution will be taken to ensure the safety of my son(s) on this activity, I hereby agree to his participation and waive all claims against the leaders of this trip and officers, agents and representatives of the Boy Scouts of America. I give Authorization for my son to receive medical attention and treatment if needed.

Scout's Name _____

Parents Signature _____

Home Address _____

Date Signed _____ **Home Telephone** _____

Emergency Telephone _____

Medical Insurance Carrier _____ **ID #** _____

Any Allergies, Medications, Etc. _____