



SCHREIBER MEMORIAL UNITED METHODIST CHURCH

## TROOP 835 MEDICAL AUTHORIZATION FORM

*Please print, fill in the blanks, sign, date and return to Troop 835 by or before the day of the event.*

To whom it may concern:

The adult leaders of Troop 835 are hereby authorized to obtain required medical attention, treatment, as they may deem necessary or desirable in my name and on my behalf, in the event of emergency involving my child,

\_\_\_\_\_

while such child is in their temporary care and custody during the period of:

(dates) \_\_\_\_\_ through \_\_\_\_\_

List any medication to be taken during outing:

\_\_\_\_\_

List any allergy to medicine, food, plant, animal, or insect toxin:

\_\_\_\_\_

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

Contact Number: \_\_\_\_\_