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PLYMOUTH POLICE DEPT.
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**Plymouth Police Department
Law Enforcement Explorer Post 9301
Post Trip or Activity Permission Form**

I hereby approve and agree that _____, a member of the Plymouth Police Department Law Enforcement Explorer Post 9301, may participate in the below listed post trip/activity. A signed indemnity and hold harmless form is on file with the post.

In the event of illness or injury occurring to my son or daughter while involved in this post trip or activity, I consent to X-ray examination, anesthesia and/or medical or surgical diagnostic procedures or treatment considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital furnishing medical services. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Please print the following information:

EXPLORER NAME: _____

ADDRESS: _____

PHONE: _____

POST TRIP/ACTIVITY: _____

DATE: _____

TIME: _____

PARENT NAME: _____

SIGNATURE _____