

Parental Permission Slip

I (We) the undersigned parent(s)/guardian(s) give _____ permission to participate in
" _____ " on the dates of _____, under the
supervision of _____, the group coordinator.

Parent/Guardian Signature: _____ Date: _____

Medical & Insurance Information

Name of Student:
Address:
City/State/Zip:

Date of Birth: _____ S.S.#: _____
Person to Contact in an Emergency:
Telephone Numbers: _____

Drug Allergies:
Medicine Currently Being Taken: _____

Known Medical Problems:
Family Doctor: _____

Health Insurance Company:
Identification Number:
Group Number:
Other Important Information:

Check Those Which Apply

- ____ Heart Murmur
- ____ Hay Fever
- ____ Anemia
- ____ Asthma
- ____ Sinus Problems
- ____ Convulsions
- ____ Diabetes

Date of Last Tetanus: _____

Telephone Number: _____

Check this box if changes were made to the above information!

Parent/Guardian Authorization for Medical or Surgical Care for the Above Person

This is a release authorizing the group coordinator to call an authorized doctor to administer medical and/or surgical treatment should an emergency exist. This authorization is intended to cover immunizations, injections, minor operations and procedures, and necessary anesthesia. In the event of the need for any of these, an attempt will be made to contact me, the parent/guardian, before relying on this authorization.

Parent/Guardian Signature: _____ Date: _____