

Name of child _____ birth date _____
Address _____ grade level _____
Parents _____ phone _____
_____ phone _____

During the activity, if parents are not available in the event of an emergency, notify:
Name _____ phone _____
Relationship to child _____

Indicate any known health concerns/problems and precautions to take: _____

List any allergies (including food, drugs, insect bites, etc.) _____

Medications we should know about (include name, dose, schedule): _____

PARENT AUTHORIZATION: I give permission for my child to participate in the above named activity. In the event of a medical emergency, I understand every effort will be made to contact the parents/guardians of the youth. If I cannot be reached, I hereby give permission to the medical personnel selected to hospitalize, to secure proper treatment for to order injection, anesthesia, or surgery for my child named on this form, as necessary.

Signed: _____ date _____
(Parent or guardian)