
	Parental or Guardian Permission and Medical Release	
	Activity	Date
	Ward	State
Participant	Date of birth	Home telephone number
Participant's parent or guardian		Business telephone number
Address	City	State/Province
		Emergency phone
Medical Information		
Does the participant have any of the following:		
<input type="checkbox"/> Special diet	<input type="checkbox"/> Allergies	<input type="checkbox"/> Medication
	<input type="checkbox"/> Chronic/ Recurring illness	<input type="checkbox"/> Surgery or a serious illness in the past year
<input type="checkbox"/> Physical conditions that limit activity		
If yes, explain below. Use back if more space is needed.		
I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-named participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.		
Parent or guardian's signature		Date

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