



**Parental or Guardian Permission
and Medical Release Form**

Activity: _____ Date: _____

Participant: _____

Date of Birth: _____

Participant's Parent or Guardian: _____

Home Telephone Number: _____

Cell Number: _____

Email Address: _____

Street Address: _____

City, State, Zip: _____

Medical Information

Does the participant have any of the following:

- Special diet
- Allergies
- Medication
- Chronic / Recurring Illness
- Surgery or a serious illness in the past year
- Physical conditions that limit activity

If yes, please explain:

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: _____