

Emergency Permission & Health Slip

Should _____ be stricken in any way, accident or otherwise, and in the opinion of the counselor in charge, should emergency treatment be required, you have my permission to seek medical help, which in your judgment is competent, during the _____ at <EVENT LOCATION> on <DATES> _____.

In case we are unable to contact you in an emergency, whom should we contact next?

Name _____ Phone _____

Family Physician _____

Office Phone _____ Home Phone _____

Please list the above youth's allergies and/or medicines:

Is the above named youth covered under hospitalization insurance? _____

Company _____ Policy number _____

Name under which policy is written _____

Does this youth have an insurance card? _____

Signature of Parent or Guardian Date

Home Phone _____ Office Phone _____

Cell Phone _____