



***Emergency Medical Permission Form***

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy # \_\_\_\_\_

Allergic to the following medications or food \_\_\_\_\_

Medicines currently taking \_\_\_\_\_

Medical conditions Chaperones should be aware of \_\_\_\_\_

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Chaperones have permission to seek medical attention for \_\_\_\_\_ while traveling with the \_\_\_\_\_ Group on \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_ through \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_.

Signature \_\_\_\_\_

Parent's signature (if under 18) \_\_\_\_\_

Emergency contact person:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (day) \_\_\_\_\_ phone (evening) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_