

Medical Permission Slip

Complete this form and turn it in to your advisor, who will then turn it in at Convention Registration.
No students will be allowed to register without this form.

Name: _____

Age: _____ Sex: _____ Home Phone: (____) _____

Address: _____

City: _____ Zip: _____

Parent/Guardian: _____ Cell Phone: (____) _____

Emergency Contact (other than parent listed above): _____

Relation: _____ Home Phone: (____) _____

Address: _____

City: _____ Zip: _____

School: _____ Phone: (____) _____

Address: _____

City: _____ Zip: _____

Principal: _____ Phone: (____) _____

Brief Medical History

Allergies: _____

Medications: _____

Asthma: _____ Medications: _____

Diabetes: _____ Medications: _____

Epilepsy: _____ Medications: _____

Other Important Information: _____

The undersigned parent or guardian of _____ authorizes Ms. Lorie Demry, or her designee, to obtain medical care for him/her in the event that such care is necessary. If possible, the parent of the above named will be contacted in the event of an emergency, if parent is unable to be reached, Ms. Lorie Demry is hereby granting the licensed physician or accredited hospital and their associate to perform any medical and/or surgical procedures that are deemed essential in the treatment of the above named individual.

Signed _____ Date _____