

DO NOT MAIL THIS FORM

Complete this form and turn it in to your advisor, who will then turn it in at the Convention registration.

No student will be allowed to register without this medical information!

Medical Permission Slip (please print)

Name _____ Age _____ Sex _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Parent/Guardian Name _____
Other phone numbers for parents (work, cell) _____

Person to contact in case of emergency, other than parent:

Name _____ Phone _____
Address _____ City _____ Zip _____

School Name _____ Phone _____
Address _____ City _____ Zip _____
School Principal _____ Phone _____

Brief Medical History

Allergies _____
Medications _____
Asthma _____ Medications _____
Diabetes _____ Medications _____
Epilepsy _____ Medications _____
Any other pertinent 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 is hereby granted the licensed physician or accredited hospital and their associated to perform any medical and/or surgical procedures that are deemed essential in the treatment of the above name individual.

Signed _____ Date _____