Cornell Cooperative Extension
Permission Slip and Medical Release Form

Please print:

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____Phone _____

In case of emergency, contact _____Phone _____ _____

Cell phone: _____ Work: _____

Activity_____ Date(s)_____ Location(s) _____

Activity Director _____

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster _____

Illnesses	**Allergies**
Ear Infections	Hay Fever _____
Rheumatic Fever _____	Insect Stings _____
Convulsions _____	Ivy Poisonings_____
Diabetes	Penicillin _____
Asthma_____	Other (specify)

Current prescribed medication (specify) _____

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of **Medica**l Insurance Company or Government Program **(Medicaid, etc.) _____**

Identification/Policy # _____

Family Physician's Name and Phone Number _____

Permissions Granted

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.
4. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____Date _____

Parent or Guardian

Cornell Cooperative Extension is an equal program provider. Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.

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