

**CORNELL COOPERATIVE EXTENSION**  
Permission Slip and Medical Release Form

Please Print:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Activity \_\_\_\_\_ Dates \_\_\_\_\_

Locations \_\_\_\_\_

Activity Director: \_\_\_\_\_

**Parental Permission: (Please initial each line)**

\_\_\_\_\_ 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 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.

\_\_\_\_\_ 4. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in Animal Science activities and my child's participation in said activity and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

I have asked \_\_\_\_\_ to be responsible for my child during the above mentioned activity.

In case of emergency contact:

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Medical Insurance Co. or Gov. Program (Medicaid, etc.) ID # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian

**Medical Information:**

*Check any and all that apply to your child:*

**Infections**

- Ear Infections
- Rheumatic Fever
- Convulsions
- Diabetes
- Other specify \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

**Allergies**

- Hay Fever
  - Insect stings
  - Ivy Poisonings
  - Penicillin
  - Other (specify) \_\_\_\_\_
- Current prescribed medication (specify) \_\_\_\_\_

Please 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 Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**THIS FORM  
STAYS WITH THE  
CHAPERONE OF  
YOUR CHILD.**

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If this form is used for out of state events: Print the form on legal size paper so it can be notarized below this line.