

Parental Approval

Name of Child/Youth: _____

 I authorize my child's participation in this program/event

In order to allow us to effectively supervise and assure the enjoyment and safety of all, please provide the following further information:

Please note any special dietary needs of your child:

Are there any regular medications your child is taking and will have with him/her?

Are there any restrictions on the nature or extent of physical activities of your child? Yes No
If Yes, please describe those restrictions.

Does your child have any known allergies or serious reactions to things like bee stings or other toxins? If so, please specify and note important restrictions or limitations and treatments or responses.

Home Telephone: _____ Work Telephone: _____

Alternate Close Family Member: _____

Relationship: _____ Phone: _____

Family/Minor's Physician: _____

Medical Insurance Coverage: Yes No Through what Insurer? _____

Signature: _____ Date: _____

Relationship: (parent/guardian) _____