

Please list all medications that you or your child is currently taking and the reasons.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Please note any additional comments or instructions that would be useful to the chaperons or a medical staff.

Insurance Company: _____

Policy Number: _____

I hereby give consent for myself or my child _____
to be given medical treatment in the event of an emergency. I understand that the priority
phone numbers will be used for notification purposes as soon as possible.

Name

Date