

# **SAMPLE / SUGGESTION**

Permission Form for Medical Treatment  
2011 Mechanicsville Rotary / Ruritan Christmas Parade

(Please print or type all information and attach a copy of both sides of your insurance card.)

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

SS # \_\_\_\_\_

I, the undersigned, being the parent or legal guardian of the person named above, hereby authorize any necessary medical treatment for this person while participating in the 2011 Mechanicsville Rotary / Ruritan Christmas Parade. I guarantee payment of all charges incurred for medical treatment (physician, hospital, X-ray, lab, medications, ambulance, etc.) I give my permission for the above named person to receive first aid treatment have administered over-the-counter medicines as the need arises.

1. Allergies to food, medication, etc. (if none, so state)

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2. Allergies to insect bites and stings. Please describe minor's reaction and medicine taken (If none, so state)

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2. Special medical problems (If none, so state)

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4. Medication taken regularly (If none, so state)

5. Date of last tetanus shot \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Parent's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's work phone \_\_\_\_\_

Mother's work phone \_\_\_\_\_

Name of person if parents can not be reached \_\_\_\_\_ Phone \_\_\_\_\_

Parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_