

# Jr. SAIL

## Emergency Medical Release/Permission Slip

Parents' Names \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Office Address \_\_\_\_\_

**Insurance Information:**

Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Name of Insured \_\_\_\_\_

**Health History**

Student's Name _____		Birth Date ____/____/____		Age _____	
Allergies: Food, medicines, insects, plants Yes _____ No _____ Explain _____					
	Yes	No		Yes	No
Diabetes	_____	_____	Hemophilia	_____	_____
Asthma	_____	_____	Heart Trouble	_____	_____
Cancer/Leukemia	_____	_____	Convulsions/Seizure	_____	_____
Hepatitis _____					
High Blood Pressure _____					
List any medications that your child is currently taking, including frequency and dosage _____					
Date of last tetanus shot ____/____/____					

Student's Name _____		Birth Date ____/____/____		Age _____	
Allergies: Food, medicines, insects, plants Yes _____ No _____ Explain _____					
	Yes	No		Yes	No
Diabetes	_____	_____	Hemophilia	_____	_____
Asthma	_____	_____	Heart Trouble	_____	_____
Cancer/Leukemia	_____	_____	Convulsions/Seizure	_____	_____
Hepatitis _____					
High Blood Pressure _____					
List any medications that your child is currently taking, including frequency and dosage _____					
Date of last tetanus shot ____/____/____					

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Asthma	_____	_____	Heart Trouble	_____	_____
Cancer/Leukemia	_____	_____	Convulsions/Seizure	_____	_____
Hepatitis _____					
High Blood Pressure _____					
List any medications that your child is currently taking, including frequency and dosage _____					
Date of last tetanus shot ____/____/____					

**(use back side of form for any additional students)**

As the parent or legal guardian, I give permission for \_\_\_\_\_ to participate in Jr. SAIL activities and classes. I assume all risks incident to my child's involvement in Jr. SAIL activities and do release any and all claims for damages caused in any injury to my child as a result, direct or indirect, of these activities. I agree to hold Jr. SAIL, its staff, its landlord and volunteers, blameless and release them from all damages and expenses incurred as a result of my child's participation in any Jr. SAIL activity. In the case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby authorize the licensed health-care practitioner selected by the adult Jr. SAIL leader in charge to secure proper treatment including hospitalization, anesthesia, surgery, or injections of medication for my child. I will assume responsibility of all medical expenses, if any incur. This permission shall remain in effect until August 31, 2012.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_