

MOVING LEADERS FORWARD

Permission to Treat Form

Child's First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Age as of July 1, 2016 _____

Parent/Guardian Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Business Phone—Father/Guardian _____ Business Phone—Mother/Guardian _____

I give my consent for my child to travel by bus on field trips. I understand that parents will be notified in advance.

Parent/Guardian Signature _____ Date _____

I give my consent for my child to take Tylenol (acetaminophen).

Parent/Guardian Signature _____ Date _____

In the event of an emergency requiring medical attention, I grant permission to a physician or other hospital personnel, designated by Moving Leaders Forward staff to attend to my child. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent/Guardian Signature _____ Date _____

I give my consent for my child to travel by bus to and from the camp and to walk off campus in small groups to activities.

Parent/Guardian Signature _____ Date _____

Is your child allergic to bee stings, a medication or food?

May we apply Benadryl cream on bites or bee stings to relieve itching?

Parent/Guardian Signature _____ Date _____

List anyone, other than yourself, who might be picking up or dropping off your child.

Is there anything you would like to share about your child that would help us better meet his/her needs?
