



# MOVING LEADERS FORWARD<sup>SM</sup>

## Permission to Treat Form

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Childs First Name Middle Initial Last Name

Date of Birth Age as of July 1, 2017

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

**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?**

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