



# Command The Field

## MEDICAL PERMIT

I hereby consent for a qualified physician or surgeon to examine, diagnose, prescribe and perform treatment including surgery that is deemed advisable for the welfare of:

**STUDENT'S FULL NAME** \_\_\_\_\_

I give my permission for the above named to take:  Tylenol (Acetaminophen)  Advil (Ibuprofen)  
 Dramamine  Imodium A-D  Benadryl  Emetrol (nausea & vomiting)  Other  None

Please list any medical concerns and/or medications the student currently takes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any known allergies:

Medications \_\_\_\_\_

Food \_\_\_\_\_

Environmental \_\_\_\_\_

Date of Last Tetanus Inoculation: \_\_\_\_\_

Are Immunization Vaccines Up to Date: \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

SUBSCRIBER NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

PERSONAL PHYSICIAN \_\_\_\_\_ PHYSICIAN'S PHONE \_\_\_\_\_

If an operative procedure is recommended, I hereby consent to the administration of any anesthetic, general, local, or both by a qualified anesthesiologist. If a blood transfusion is necessary, I consent to this procedure. I understand that no one connected with *Command The Field* assumes liability for any injury incurred by the participant. I agree to pay all costs incurred by the participant(s) for the hospital bills, physician fees and ambulance fee.

I understand that I will be contacted by someone in authority at the time my child is admitted to the hospital and/or treated by a physician.

DATE: \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_

**Emergency Contact Numbers:**

Parent Home: \_\_\_\_\_ Parent Work: \_\_\_\_\_

Parent Cell 1: \_\_\_\_\_ Parent Cell 2: \_\_\_\_\_

Additional Emergency Contact: \_\_\_\_\_ Contact #: \_\_\_\_\_