



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 #: _____