

**Cornell University Cooperative Extension
of Warren County**

Permission Slip and Medical Release Form

Please Print:

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____

Activity _____ Date(s) _____ Location(s) _____

Activity Director _____

Medical History

Check any and all that apply to your child:

Illness

Ear Infection _____

Rheumatic Fever _____

Convulsions _____

Diabetes _____

Other (specify) _____

Date of last Tetanus Booster _____

Allergies

Hay Fever _____

Insect Stings _____

Ivy Poisonings _____

Penicillin _____

Other (specify) _____

Current prescribed medications (specify) _____

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell University Cooperative Extension activity on the date(s) and the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. I further grant permission to the director of the activity (or authorized designee) to dispense my child any prescribed medication he/she is currently taking.
4. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____