

PARENTAL or GUARDIAN PERMISSION and MEDICAL RELEASE

Activity

VARSIY SCOUT ROCKER - ROCK CLIMBING COMPETITION

Team Number _____ District _____
Participant _____ Birthday _____ Phone _____
Parent or Guardian _____ Work Phone _____
Address _____ City _____

Medical Information Does the participant have any of the following:

- Special Diet Allergies Medication Chronic / recurring illness
 Surgery or serious illness in the past year Physical condition

If yes, explain below. Use the back if more space is needed.

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above named participant for any accident or illness **AND** to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

Signature of parent or guardian _____ **Date** _____

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