

PERMISSION/EMERGENCY FORM

Child: _____ DOB: _____

Parent/Guardian: _____

In case of an emergency, please contact...

Name: _____ Relationship: _____

Phone #: _____ Phone #: _____

Name: _____ Relationship: _____

Phone #: _____ Phone #: _____

Primary Health Care Provider: _____

Doctor: _____ Phone #: _____

Primary Dental Care: _____

Dentist: _____ Phone #: _____

Preferred local hospital: _____

Health Conditions: _____

Allergies: _____

Regular Medications: _____

Dietary Issues: _____

Please attach a current copy of the child's immunization records

(OVER)

Child's Name _____

Date _____

I give permission for my child to go on field trips conducted by GLM.

Parent Signature

I give permission for my child to be photographed for school publicity purposes.

Parent Signature

I give permission for my child to be given emergency first aid treatment in case of an accident or other emergency situation.

Parent Signature