

Mount Vernon Archery Club Permission Slip with Medical Release 2017 / 2018 Archery Season

This form must be signed by student and parent and returned by October 13, 2017

I give my permission for _____
(Student full name – please print)

to attend practices, tournaments and other sponsored events, and authorize any medical treatment in my absence, for the well-being of the student, in case of an emergency with the understanding that a parent will be contacted as soon as possible. I agree to hold harmless Mount Vernon Archery Club and Mount Vernon School District, its employees and agents, and the physician or hospital treating my son/daughter, exclusive of negligence, from any injury or sickness occurring during this trip.

EMERGENCY CONTACT INFORMATION (Print Clearly)

Name		Name	
Cell Phone		Cell Phone	

MEDICAL INSURANCE:

Name of Company: _____

Policy Number: _____

Group Number: _____

Food Allergies: Yes No, If yes please list:

Medical Allergies: Yes No, If yes, medication name and reaction:

Medications

Prescription: If your child takes prescription medication, s/he will be responsible to carrying it and taking it as prescribed. Ensure the medication is in a labeled pharmacy bottle. Complete the following information for prescription medication:

<i>Medication</i>	<i>Dose</i>	<i>Time</i>	<i>Reason</i>	<i>Other Info</i>

Over the Counter Medication: Please list the over the counter medications your child will carry with him/her below. If your child decides to take the medication during the trip he/she is asked to take it as directed on the package and inform one of the coaches.

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Student Agreement:

I agree to take any prescription medication as prescribed or any over-the-counter medication as directed on the package label. I will not share medications with other students. I will inform an adult sponsor if I am not feeling well and/or need to take medication.

Student Printed Name: _____ **Student Signature:** _____

I certify that all above information is correct and if at any time during the 2017/2018 Archery Season any of the information changes I will submit an updated form.

Signature of parent/guardian _____ **Date:** _____