

Chaperones must keep signed and completed forms in their possession throughout the tournament.

Student Name:

Date of Birth and Age:

Parents' Names:

Chaperone Name:

Emergency Contact:

Medical Insurance:

Bring your medical insurance card or a copy (both sides) with you.

Company:

Group Number:

List any information that would be helpful should we need to seek medical assistance: List any medications you are taking at this time:

List any allergies to food, medication, environment, insects, etc:

Describe your reaction:

What protocol is to be followed if you come in contact with an allergen?

_____ has my permission to sign for/
administer any medical treatment they deem necessary for my child,

_____, while in their care between

_____, 2013 and _____, 2013.

Parent Signature _____

Date _____