

PERMISSION TO SEEK MEDICAL ASSISTANCE

TO: Parents of HRC Youth Fellowship Participants
RE: Permission for HRC representatives to seek medical attention for your child in case of accident or injury during Youth Fellowship activities and outings.

Date _____

I certify that I am the legal parent/guardian of:

(Full name of son/daughter) _____

I understand that in the event of injury or accident, medical attention for my child may be required or considered prudent. I give my permission for the HRC Youth Fellowship adult representatives to seek that medical assistance when they deem it necessary. Please be aware of the following medical considerations and/or **dietary needs**:

The Physician is: _____

Physician's phone: _____

The Insurance Company is: _____

Insurance Policy Number is: _____

Date of Last Tetanus shot: _____

(date)

(Signature and title: parent, legal guardian, etc.)

Phone numbers where I can be reached: _____

Cell phone: _____

E-mail address: _____

Other contacts if I cannot be reached:

NAME	RELATIONSHIP	PHONE #
_____	_____	_____
_____	_____	_____