

Medical Conditions. CHILD is subject to the following allergies or medical conditions, and I authorize the facility to disclose these conditions to a physician or other medical professional in the event said CHILD should require emergency medical care: _____

Prohibited Activities. As a result of the above-mentioned medical conditions, I, on behalf of said CHILD, am prohibiting involvements in the following specific activities: _____

Date

Printed Name of CHILD

Printed Name of Parent (Guardian)

Signature of Parent (Guardian)