

To the Parents or Guardians of the Participant

For your child to receive medical care in the event of illness or injury while participating in the event, please ask that you bring a copy of all relevant insurance information for your child with you to the event. We will store it securely until the end of the program, where we will then return the copy to you.

Is it permissible to provide medical treatment for your child if needed? Yes No

Please state any special medical conditions that may require staff attention:

Does your child take medication on a regular basis of which we need to be aware? Yes No
If yes, please explain:

Does your child have pl(a)-1 0,(s)8 ()10 (b3n (p)-y())TJ 0.0143084 1.30561 Td [(Ye)kn (o)-3 (1)-7 (n)-3 ()]TJ4