

# Guardian Medical Permission Form

## Student Information

Student Name:

Date of Birth:

Address:

## Guardian Information

Guardian Name:

Phone Number:

Email:

## Medical Information

Allergies:

Current Medications:

Physician's Name:

Physician's Phone:

## Permission

I, the undersigned, give permission for my child to receive emergency medical care if necessary while under the supervision of the organization.

Guardian Signature:

Date:

Submit