

PERMISSION FOR MEDICAL TREATMENT
(Required for every contestant)

Name: _____ Age: _____ Phone: _____

Address: _____

School: _____ School Phone: _____

He/she may be given Tylenol, aspirin, cough syrup, or Pepto-Bismol if needed?

Circle: Yes or No

If your child is allergic to any medications, please specify: _____

If your child is presently on any medication, please specify: _____

If there are any physical problems or any special instructions, please comment: _____

I hereby give permission for the SACS officials to obtain medical treatment for my child. I understand that I am responsible for medical insurance if needed in route to and from the SACS Competition and throughout the duration of the competition.

Signature: _____ Date: _____

Relationship to the contestant: _____

Emergency phone number: _____

Family Physician: _____ Phone: _____