



Portsmouth Young Marines Permission Slip all Events

Young Marine is not allowed to participate in any off-base activity without form

Event _____

Location _____

Time _____ Transportation _____

This is to certify that my child _____, has permission to participate in the above described event at the above stated location and time.

Parent/Guardian Information

Name: _____

Address: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

To best meet your needs, please fill out the following information in its entirety.

Does he/she have any allergies that should concern us? Yes No

If yes, please list them below:

Does he/she have any ongoing medical or psychological conditions that should concern us? Yes No

If yes, please list them below:

Is he/she currently taking any medication(s)? Yes No

If yes, please list them below:

Emergency Contact Information

Name _____

Address _____

Day Phone (_____) _____ Evening Phone (_____) _____

Signature of Parent/Guardian I give permission to the leaders of the above unit to render First Aid, should the need arise. In the event of an emergency, I also give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, order injection, or secure other medical treatment, as needed. I further agree to hold the above named unit and its leaders blameless for any accidents that might occur during this outing.

Signed: _____ Date: _____