

PARENTAL PERMISSION SLIP & MEDICAL PERMISSION AGREEMENT

This slip gives permission for _____ to participate in any and all of the Juvenile Probation Department's educational, recreational and work programs.

The educational, recreational and work programs are sponsored by the Juvenile Probation Department and supervision will be provided by probation officers. It should be understood, however, that the Juvenile Probation Department cannot assume responsibility or liability for accidents.

I hereby give Allen Superior Court permission to assume responsibility for securing necessary medical care for the well-being of my child, _____, as long as he/she is participating in a Juvenile Probation Department's program. In case of sudden medical emergency, I give Allen Superior Court to secure any needed medical or surgical care.

I understand that I will be notified promptly of any serious illness or injury; and that Allen Superior Court is not responsible or liable for any medical expenses incurred.

Date: _____ Parent/Guardian _____
Child _____

Doctor: _____ Address: _____
Phone: _____

Presently under doctor's care: Yes ___ No ___
If yes, describe illness/disease: _____

Presently on medication? Yes ___ No ___
If yes, type and dosage: _____

Allergies/special medical conditions: _____

Hospital preference: _____

EMERGENCY NOTIFICATION

(1) Name: _____	(2) Name: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Relationship: _____	Relationship: _____

Insurance Company: _____
Policy #/Group #: _____