

2017 FIRST AID PARENT PERMISSION FORM

Each youth exhibitor is required to have the following form completed and signed by a Parent/Legal guardian.

Exhibitor's Name _____ **Age** _____

of Chapter/Club _____, has my permission to seek first aid treatment at the Del Mar Fairgrounds First Aid Station during his/her stay.

In my absence, it is understood that our group leader, _____, will be notified of any injury and will be promptly advised of what further medical treatment, if any, may be required.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Print Name (_____) Phone #

My child has had a Tetanus toxoid booster on this Date: _____

_____ My child has **NO known allergies** to medication

_____ My child **IS allergic** to the following medication(s):

Other health problems to be aware of:

Special needs or accommodations:

Emergency Advisor/Project Leader Name: _____

Emergency Advisor/Project Leader Phone Number :(____) _____