

POTOMAC VALLEY ZONE TEAM MEDICAL PERMISSION FORM

In the event of illness or injury, I grant permission to have my
child _____ treated by a physician.

We _____ **DO** give permission for our child to receive aspirin.

_____ **DO NOT**

WE _____ **DO** give permission for Tylenol.

_____ **DO NOT**

Please note that our child is allergic to the following :

Our Medical Insurance carrier is : _____

Our policy number is: _____

Signature of parent (s) _____

Emergency phone number (s) _____

Cell phone Number (s) _____