

Parent Signature

## MEDICAL INFORMATION 2023/24

e. 5	
Address:	
Home phone:	Cell phone:
Email:	
Father's name	
Home phone:	Cell phone:
Email:	
Insurance Policy:	
Member ID #	
Group #	
	itations:
s a narent or guardian of the minor na	amed above, I agree that the faculty and staff of the E
hall stand in loco parentis to said chi his authority includes the right to aut	ld during its activities and in the absence of me or a thorize any and all medical treatment or surgical pro in loco parentis, be necessary in a medical emergenc

Parent name (printed)

Date