



YOUTH PERMISSION FORM

Temple or Court Name: _____ No. _____

Full Name: _____
Birth Month, Day, Year

Address: _____
Street City State Zip Code Phone Number

We the parent(s)/legal guardian(s) of the above name child understand fully our obligations to the
and agree with all the rules and regulations set forth by the

Club name

Temple/Court Name

I accept the responsibility for my child/children's fees. Including all expenses that may occur during the child's tenure with the youth group/program and I give my permission for my child to travel with the designated driver/assigned volunteer and my child shall obey all rules and regulations set forth by the Illustrious Potentate, Temple Youth Director, and or Illustrious Commandress, Court Youth Directress and Designated chaperones. A one month written noticed will be given for any member who does not wish to participate any longer in the youth club and its program otherwise, a member will be liable for any monies owed to the Youth Department upon departure from this youth club.

A member will return all uniforms, instruments and equipment issued him or her.

Whereas we assume all risks and hazards incidental to such participation by release and agree to hold harmless the organizers, sponsors, supervisors, and persons transporting our youth.

Parent/Guardian - Printed Full Name Signature Date

Phone Number: _____

Email: _____



IMPERIAL YOUTH DEPARTMENT

A.E.A.O.N.M.S.

EMERGENCY MEDICAL AUTHORIZATION FORM

This form authorizes Emergency Medical Treatment for my child,

Child First and Last Name

In case of injury on In-Town or Out-Of-Town Trips

Parents can be reached at:

Home Address:

Street

City

State

Zip Code

Phone Number

Place of Employment

Employer Name (if applicable)

Work Phone

Alternate #

If I cannot be reached at either above number, please contact:

Relationship:

Phone No.

IN-TOWN PHYSICIAN INFORMATION

Physician

Phone No.

Dentist

Phone No.

Health Insurance Company

Policy No.

IN AND OUT-OF-TOWN TRIPS

For in and out-of-town trips, in case of injury or sickness of:

Child First and Last Name

this form gives my permission to a qualified physician/dentist for emergency room service, and to give medical attention to my child as needed.

Parent(s) Signature:

MEDICAL HISTORY

Allergies:

Past Illnesses:

Is the child healthy and able to march in hot weather during any parade of any length?

Yes

No

Is the child now taking any type of medication?

Does the child have any type of disabilities, such as wearing glasses, braces, etc.?

Has the child been treated for:

Bleeding

Convulsions

Diabetes

Epilepsy

Heart Trouble

Hypertension

Kidney

Lung Disease

Muscle Joint

Other(s) please state:

Previous Hospitalization:

Date

Print Parent/Guardian Full Name

Signature

SAMPLE DOCUMENT