

MEDICAL RELEASE & PERMISSION SLIP

Foxmeade Farm encourages parents or guardians to be present while your child is on the premises. If you are not able to be present during this time, may we suggest this medical release in the event first aid becomes necessary.

I hereby grant permission for the administration of first aid and other medical treatment to my child in the event of any sickness or injury incurred during said child's participation in activities at Foxmeade.

Signature of Parent or Legal Guardian: _____

Date: _____

Name of Child _____

Doctor's Name _____

Policy Holder's Name _____

Type of Insurance _____

Policy number _____

Allergies _____

Names of two (2) persons to contact in case of emergency:

