



Escondido Fish and Game Association

P. O. Box 460506

Escondido, CA 92046

www.escondidofishandgame.com

Parent Permission Slip

Event: _____

Event Date: _____

Authorization:

My child or ward has my permission to participate in the event/activity described above. I understand that parents and guardians provide all their child/ward transportation and that they are welcome to attend events as prearranged with and approved by the event leader. I waive all claims against the leaders of this event, Escondido Fish and Game Association, City of Escondido, and all staff and support personnel of the event. In case of an emergency, the event leader or a responsible adult designated by me has my permission to obtain medical, dental, or surgical diagnosis and treatment and hospital care for the below minor which is deemed advisable by and to be rendered by a licensed physician or surgeon at my expense. This authorization will remain in effect for the duration of the event, including the time of transportation to and from the event held at the Escondido Fish and Game Association.

Name of child/ward: _____

Responsible Adult: _____

Signature of Parent or Guardian

Date: _____

Printed Name of Parent or Guardian

State of Drivers License

Drivers License number

Medical Conditions and Medications

I understand that I shall verbally, as well as in writing below, notify the event leader (and other person(s) in charge) of any serious medical condition that my child or ward may currently have:

Current Medical Condition(s): _____

Current Medication being taken: _____

(Continue on back if required)

Emergency Contacts:

During this event, I can be reached at the following phone number(s) and will accept collect calls:

() _____ () _____

Medical Insurance Information:

Medical Insurance Carrier: _____

Insurance Policy Number: _____